KOREANS BUILDING A NEW WORLD: EASTERN MEDICINE RENAISSANCE IN THE CONTEXT OF JAPANESE RULE, 1910-1945

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Abstract

In the early twentieth century, Western biomedicine physicians achieved elite status on a global scale as bearers of scientific progress. As part of this process of change in medicine, in many countries traditional medicine healers became marginalized and even obsolete. This dissertation examines the unusual case of the traditional medicine healers in Korea organizing themselves in unprecedented ways within the context of Japanese colonial rule from 1910 to 1945. By following the central theme of Korean agency in "building a new world" via what they then termed Eastern Medicine and *Hanbang* healing, this study evaluates how elite registered physicians, mainly based in modern-day Seoul (Part one and two), and non-registered physicians, mainly working in rural localities (Part three), actively responded to broader modernizing efforts in the context of Japanese rule by doubling down on the value of their own traditional medical doctrines and practices.

The Japanese Government-General introduced a decree on Physician Registration in 1913, hoping to marginalize the "old" Eastern-medicine physicians. Instead of surrendering, the Eastern-medicine physicians organized themselves by forming associations, publishing journals and books, and holding symposia. They made the case for Eastern medicine's continuing relevance and necessity by articulating the need to strengthen Korean bodies and minds with traditional healing therapies. They also framed their arguments by situating Eastern medicine as a key field of knowledge that represented older East Asian cultural resources in general. They preserved and strengthened traditional ideas and practices, such as cultivation of body and mind as healing, attention to regimen, herbal medicine, and ideologies such as Confucianism and

Buddhism, paradoxically during some of the most oppressive modernizing periods under Japanese rulership.

The dissertation also argues that the Eastern-medicine physicians eventually reached a high degree of convergence on shaping healthcare in Korea through a process of negotiation between Korean colonized and Japanese colonizer. This Korean and Japanese convergence, in the crossroads of East Asia, contributed to what was known as an Eastern Medicine Renaissance in the 1930s. At this time the Japanese officially recognized the Eastern-medicine physicians publicly as having elite status. The continued high status of traditional Korean Medicine in modern South Korea can be best understood as the resulting legacy of the collective efforts of these registered urban Eastern-medicine physicians and unregistered rural healers from the first half of the twentieth century.

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Table of Contents

List of Figures

Introduction

How can we characterize medical practice in Korea in the first half of the twentieth century? Reflecting themes of colonial medicine in which an oppressive power destroys native healing practices and uses the hegemonic power of Western medicine to impose scientific modernity, much of the current scholarship highlights the desecration and humiliating retreat of traditional medicine in Korea. The alternative story presented in this thesis outlines convergence in which Koreans continued to use a range of Eastern medicine therapies, culminating in Koreans prevailing, and even playing a role in persuading the Japanese to revive their own traditional medicine in the 1930s. My research question interrogates the issue of a confluence of medical cultures. Located at a crossroads in Northeast Asia in the early twentieth century, Korea was where a range of medical systems clashed and coalesced to form a type of integrated medicine still practiced in Korea today. Questioning the currently Sino-centric scholarship that privileges China as key to understanding East Asian medicine, I argue instead that to understand medicine in any part of East Asia requires an integrated analysis of cultural and political factors in East Asia as a whole.

An example of such medical pluralism in Korea is nicely captured in the experiences of a young boy in P'yŏngan (平安) Province in Chŏngju (定州) County in northern Korea in the first decade of the twentieth century. In his memoirs, recalling his childhood, the famous intellectual Yi Kwang-su (이광수; 李光洙 1892-1950) described

how his father, Yi Chong-won, cared for him when he was ill.[1] Yi recalls many of his father's weaknesses in character, but identifies his bedside care and ministrations as his key strength. Yi's father would often leave the house to go drinking but when the young Yi was sick, he tells us, his father would stay home, sleeping by his side, and did not even go out to his study. "He would light an oil lamp and lie down beside me, without undoing the ties on his trouser legs, and would sleep with his head on a round wooden pillow." For Yi, the sesame seed oil lamp was a sign of his father's solicitude and the wooden pillow was meant to keep him from sleeping too soundly. Chong-won even looked the other way when the boy's maternal grandmother would come to their home and perform shamanistic healing ceremonies, although Chong-won disapproved of shamanism. Yi's preference was to begin visiting a Buddhist temple to make offerings to the Buddha, bringing his son along. Open to using the newly introduced Western medicine, Chong-won also had his son get a series of vaccinations. While Korean ritual healing ceremonies and Buddhist prayer usually involved belief in conciliation with the numinous world of spirits, in contrast, vaccination, involved a brief procedure. "Nowadays everyone gets vaccinated, but it was not that way fifty years ago," Yi wrote, pointing to his father's resourceful embrace of the new medicine. He continued that Chong-won also had a geomancer look at the family's ancestral burial rites, believing that the location could affect a family's fortune. When Yi once contracted dysentery, his father kept constant vigil by the sick boy's side, heating warm stones to place on his stomach, changing the diapers that the boy had to wear because of the disease, and administering medicine. As

[1] "My Early Youth" *Na*: *Sonyŏn P'yŏn* 나少年篇. In *Yi Kwang-su Complete Works*, *Yi Kwang-su chŏnjip* 李光洙全集, vol. 6 (Seoul: Usina, 1978), 438-507. For this discussion on his health, see 478-480. For discussion of this passage, see. Ann Sung-hi Lee, *Yi Kwang-su and Modern Korean Literature: Mujŏng* (Ithaca: East Asia Program, Cornell University, 2005), 8-10.

Yi recovered, Chong-won played chess and dominoes with him and tutored him in Confucian ritual. "He showed me the books like the *Sarye P'yŏllam* 四禮便覽 (Convenient Overview of the Four Rites),[2] *Sangnye* 喪禮 (Funerary Rites),[3] and *Ch'on'gi Taeyo* 天機大要 (Outline of Heavenly Workings)."[4] Yi explained that it was during this time that he learned about the capping ceremony and rituals for marriage, funerals, and ancestral worship, and memorized the ritual readings made at ceremonies for the ancestors.

In this rich description, Yi itemizes a varied array of healing practices: shamanic healing ceremonies, Confucian character training, geomancy, Buddhist prayer, warm stones, basic nursing care, and the new Western medicine in the form of vaccination. The following chapters will show that Koreans argued to keep their own medicine, even under the challenge from a state-led drive to legislate Western medicine as superior to Eastern medicine.

Aftermath of Kabo Reforms

The Chosŏn Kingdom's relationship with Qing 清 China was disrupted by the defeat of Qing forces by Imperial Japan in 1894 making Korea Japan's potential prize capture.[5]

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[2] Ibid. *Sarye P'yŏllam* was a book about rituals for capping ceremonies, marriages and funerals. It was edited by Yi Chae 李采, and published in 1844.
[3] Ibid. The *Sangnye* may refer to the *Sangnye Piyo* (Comprehensive Summary of Funerary Ritual). Sin Ŭi-gyong compiled it, and was later published in 1621 as a commentary on Chinese scholar Zhu Xi's (朱熹 1130-1200) *Family Ritual*, *Jia Li* 家禮.
[4] Ibid.
[5] The Qing Dynasty imperial house took power in China in 1644 lasting until 1911. The Qing rulers were Manchus, belonging to a federation of tribes from beyond the northeastern borders of China who swept in to conquer the Ming Empire (1368–1644) during the seventeenth century. For the conquest, see Pamela Crossley, *The Manchus* (Cambridge, Mass.: Wiley-Blackwell Publishers, 1997), 78-87; Mark Elliott, *The Manchu Way: The Eight Banners and Ethnic Identity in Late Imperial China* (Stanford: Stanford University Press, 2001), chapter 2, "Manchu Cities: Tigers on the Mountain," 89-132.

Qing military forces withdrew from Korea, paving the way for future Japanese rule.[6] Furthermore, the Kabo Reforms beginning in 1894 saw a process of measures including the introduction of Western-style institutions. The most controversial reform was the Short Hair Act, mandating the cutting of topknots.

With the end of China's direct influence and the Japanese-promoted Kabo reforms, the old Confucian system began to be dismantled. The Chosŏn system had emphasized rank and status according to assigned posts in the civil service. Most physicians, therefore, even though they presented themselves as Confucian physicians, did not enjoy the highest status. Mostly of middling status, they often hoped to be regarded as virtuous members of the community, well-regarded by their superiors in the civil service.[7]

Prior to the Kabo Reforms of 1894, the highly codified Chosŏn Kingdom discouraged diversity and plurality in religious belief.[8] Officially insisting on Confucianism as the political philosophy central to education and family life, there was little talk of the world as a concept. With the relaxation of such prescriptive norms, in the early twentieth century, a range of religious bodies emerged into public life in Korea. Although nationalist in practice, these groups were characterized as redemptive societies that were based on the theme of transnational salvation. The most well-known of these

[6] For a detailed account of the process leading toward Japanese rule in Korea, see Larsen 2008. He argues throughout the book that the Qing Empire's harsh imperialist policies and actions weakened Korea, thus contribution to the conditions that allowed Japan to annex Korea. Upon the demise of the Chosŏn Kingdom in 1897, a nominally independent Chosŏn Korean Empire took its place under growing Japanese dominance until formal annexation in 1910.

[7] Kim Namil, *Crazy Chosŏn Intellectuals of Korean Medicine: Biographies of Confucian Physicians* (*Hanuihak e mich'in Chosŏnŭi Chisigindŭl: Yuŭiyŏnjŏn* 한의학에 미친 조선의 지식인들: 유의열전 儒醫列傳). (Paju: Tŭllyŏk, 2011).

[8] For Kabo Reforms and *Chondogyo* see George Kallander, *Salvation Through Dissent: Tonghak Heterodoxy and Early Modern Korea* (Honolulu: University of Hawaii Press, 2013).

groups, the Chŏndogyo or Religion of the Heavenly Way that was formed in 1860 in secret had its roots in the Tonghak (Eastern Learning) movement. The Tonghaks had fought an armed revolution against the Chosŏn Kingdom in the 1890s, which in turn led to the Japanese ousting of the Qing forces from Korea.

With the Kabo Reforms the Chŏndogyo members came out in the open and proselytized for world salvation. Most of the other groups similarly preached the building of a new world. It is in this context that the Eastern-medicine physicians in the 1910s began the call to build a new world through medicine. In this dissertation, I situate the Eastern-medicine physicians as leading actors in the new desire of many Koreans to imagine themselves as central actors in world affairs.

On Korean medical modernity

Scholars have debated early twentieth-century Korean modernity without yet reaching consensus. Some have argued that Japanese imperialism prevented or distorted modernity in Korea. Others say that Japan and the West forced modernity onto Korea in a process of epistemological and physical violence. More recently, scholars have challenged the narrative of Korea as victim and abject supplicant.[9] These scholars have shown that Koreans not only found ways to resist Japanese governance but also actively participated in the unfolding process of Korean modernity. In this debate, scholars differ on the

[9] Andre Schmid, *Korea Between Empires* (New York City: Columbia University Press, 2002). Hwang, Kyung Moon, *Rationalizing Korea, The Rise of the Modern State, 1894-1945* (Berkeley: University of California Press, 2015). Taylor Atkins, *Primitive Selves: Koreana in the Japanese Colonial Gaze, 1910-1945* (Berkeley: University of California Press, 2010).

respective roles of Japanese and Koreans in Korea's path to modernity toward becoming an economic powerhouse over the course of the twentieth century.

In sum, after liberation from Japanese rule, in 1945, Korean scholars began to argue for a nationalist view of the colonial period to push back against the Japanese view of reform and modernity as positive.[10] Scholars argued that Japanese colonial rule sought to extinguish Korea as an entity. This orthodoxy began to be challenged in the 1980s, when some Korean scholars argued that Japanese rule in the 1920s and 1930s played a positive role in Korea and laid a good platform for later economic development.[11] Other scholars such as Carter Eckert began to argue that Japanese capitalism had allowed Korean families to participate in economic modernity and wealth.[12] Related to this new scholarship, Gi-Wook Shin and Michael Robinson argued that the colonial period saw drastic transformation and that the Japanese should be at least partially credited for being the instigators of this change.[13] While the Shin and Robinson "colonial modernity" school of thought argues that the 1920s and 1930s saw rapid change, Andre Schmid appeals for a more cautious approach essentially saying that scholars like Eckert, Shin, and Robinson have not given enough credit to Korean agency. I draw on Schmid's

[10] Although he published much of his work in the 1980s onwards, Sin Yong-ha is typical of this group of scholars. For a representative English-language work, see Sin Yong-ha, *Formation and Development of Modern Korean Nationalism* (Dae Kwang Munhasa, 1989).

[11] Typical examples are Ban Sung Hwan, "Agricultural Growth in Korea, 1918-1971," K, Appendix, in Yujiro Hayami, ed., *Agricultural Growth in Japan, Taiwan, Korea, and the Philippines* (Honolulu, University of Hawaii Press, 1979); Suh, Sang-chul, *Growth and Structural Changes in the Korean Economy, 1910-1940* (Cambridge: Harvard University Asia Center, 1978); Ho, Suyol, "Ilcheha Silchil Imgum (Pyondong) Ch'uigye" (Estimation of the Real Wage and Its Change Under Japanese Colonial Rule), *Kyongje Sahak* 5.12 (1981): 213–46. For a discussion on the colonial modernity debate, see Hong Yung Lee, "Introduction: A Critique of Colonial Modernity," in Yong-Chool Ha, Hong Yung Lee and Clark Sorensen, eds, *Colonial Rule and Social Change in Korea 1910-1945* (Seattle: University of Washington Press, 2013).

[12] Carter Eckert, *Offspring of Empire: The Koch'ang Kims and the Colonial Origins of Korean Capitalism*, 1876-1945 (Seattle: University of Washington, 1996).

[13] Gi-Wook Shin and Michael Robinson, eds. *Colonial Modernity in Korea* (Cambridge: Harvard University Asia Center, 1999).

methodology to investigate healers' agency in the 1920s and 1930s.[14] Schmid argues that both colonizer and colonized participated in the process, both changing over time, and in constant negotiation. In short, Schmid questions the top-down approach many previous scholars adopted, attributing overstated agency to the Japanese-run state, and focusing on Seoul, as if it were typical of all Korea. Working on the history of medicine, I adopt Schmid's bottom-up approach to Korean agency, but through a new focus on healers.

In a more focused trajectory of inquiry some scholars of the history of medicine have argued that Japanese imperialism attempted to destroy Korean practices and Eastern medicine in particular.[15] Scholars have accepted that older traditions were marginalized at best and mostly disappeared, mostly by design, but also by default. Thus, according to most of the scholarship, older traditions simply fell under the wheels of the modernity juggernaut. In *Assimilating Seoul*, Todd Henry offers an alternative model of resistance in which he highlights the agency of people in Keijō (Seoul) under Japanese rule in shaping their own healthcare choices.[16] Henry's work provides a model for my research in that he takes seriously Korean people's ability to make many of their own decisions about healthcare. Aiming to interrogate healthcare as social practice, in this thesis I ask what steps Korean Eastern-medicine physicians took to establish, develop, and defend their institutions.

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[14] Schmid, *Korea Between Empires,* 2002.

[15] Typical are works by Park, Yunjae, "Japan's Oriental Medicine Policy in Colonial Korea," in *Korean Journal of Medical History*, 17 (June 2008): 75-86; and Kim, Nam-il. *Kŭnhyŏntae hanŭihak inmul silrok* 근현대 한의학 인물 실록 (Annals of personages in modern Korean medicine) (P'achu: Tosŏ ch'ulp'an, 2011).

[16] Todd Henry, *Assimilating Seoul: Japanese Rule and the Politics of Public Space in Colonial Korea, 1910-1945* (Berkeley: University of California Press, 2014). Chapter 4, "Civic Assimilation: Sanitary Life in Neighborhood Keijō," 130-167. Keijō is the Japanese word for Seoul.

Inverting the assumption of hapless Korean traditions falling victim to modern institutions by changing the lens of our inquiry rather toward Koreans' agency in strengthening their medical traditions reveals an unusual case in which older cosmological models not only continued but also changed the way in which models of modernity were received in Korea. Specifically, the practice of medicine reveals a core component of the ways in which Koreans understood themselves. Due to the particularity of the Korean case, medicine became a crucial vehicle by which people reframed what it meant to be Korean. Scholars of Korea have largely neglected to include medicine as a key field of knowledge yet it was present in most people's daily lives and reveals deep historical continuities. Historians of Korean medicine, on the other hand, have mostly limited their study to medicine in a more insular way and not as a site of inquiry revealing a revival of traditional practices that challenges the common narrative of a progressive modernity that successfully degraded such older practices.

In the case of Korea, forms of modernity coexisted with older forms of cultural resources and knowledge in a mutually constitutive process. Such coexistence forces us to grapple with a different type of modernity, one defying models usually based on economic growth, political organization, and social instruments of persuasion such as exemplified in the explosion of media through print and radio. Although many Korean people accepted Western-style medicine and science from 1910-45, it did not mean the obliteration of Eastern medicine or even shamanism during that period.

Persistence of Eastern medicine within the Japanese Empire

To provide an example of the continuing importance of older forms of knowledge such as Eastern medicine during the period when the Japanese rulers aimed for modernization,

770 Eastern-medicine physicians participated in the 1915 Kyŏngsŏng Industrial Exposition.[17] At a daylong conference, the physicians formed a new professional association and planned a new journal about Eastern medicine. Such an event may seem unremarkable, since present-day scholars choose to discuss other participants in the Exposition, such as industrialists and farmers but ignore the doctors.[18] Scholars agree on the significance of the event as a showcase of modernity, with the aim of highlighting new industry, commerce, and agriculture. Yet, the Eastern medicine event suggests an unusual type of modernity in Korea, one in which old ideas about sickness, health, and healing persisted. The narrative arc woven through this thesis is thus the strong thread of continuity within modernity. Medicine provides the sharpest focus with which to analyze the mutually constitutive relationship between tradition and modernity in Korea precisely because it is the one traditional form of knowledge that persisted so stubbornly into the twentieth century.

Some of the the existing literature by contrast compartmentalizes medicine into separate modern-traditional Western-Eastern categories. However, on the ground, people used a variety of healing practices and saw various healers who were not limited to either elite physicians or religious type healing. Medicine in the Japanese-occupied period was more than simply a range of methods for curing illness. It played a key social role in the formation of Korean modernity. As historians have shown, strengthening Korea as a nation was a central Japanese goal in the project of reform and modernization. Eastern-

[17] *Chosŏn ch'ongtokbu kuanpo* 朝鮮總督府官報 (Chosŏn Government-General's Report) Keijō, Korea, published by the Chosŏn Government-General annually, 1908-1945. These records are held in the National Library of Korea in Seoul. For this medical event, see the 1915 volume, 306-318.
[18] Park, Young-sin, "The Chosŏn Industrial Exposition of 1915," PhD dissertation, State University of New York Binghamton, 2019. Oh, Se-mi, "Consuming the Modern: The Everyday in Colonial Seoul, 1915-1937," PhD dissertation, Columbia University, 2008.

medicine physicians, however, both registered and non-registered, saw their native medical models not as impediments to the goal of strengthening the nation, or as peripheral or outdated, but rather instead as central resources to the goal of strengthening Korea on the world stage.

Eastern medicine's role in strengthening Korea as a nation, and thus helping in building a new Korean identity manifested in at least the three following ways: ideologically, rhetorically, and metaphorically. Ideologically, intellectuals of the early twentieth century sought to mobilize cultural resources perceived of as Korean culture of the past as a riposte to Western imperialism in general. Some scholars, especially in the countryside, held on to Confucianism in a much more determined attitude than many scholars in China who simply abandoned many old rituals. For example, private Confucian academies continued to flourish in Korea, unlike in China. Eastern medicine served as the most concentrated form of an expression of uniqueness, its cosmological model held up as an expression of wisdom and of continuing utility in a modern world. Unlike in China, there was little sense among Koreans in general, that Eastern medicine was embarrassing, and a sign of civilizational weakness and backwardness. Medicine, thus, served as a mark of pride, a resource to be not only defended but also propagated as a gift to humanity. Thus, Koreans created their own space through publishing and organizing networks across the country to build a community of people committed to Eastern medicine.

Rhetorically, both registered and non-registered Eastern-medicine physicians in their writings engaged with the Japanese colonial state discourse that placed "hygiene and sanitation" (*wisaeng* 衛生) at the front and center of healthcare. While registered

physicians came on board with the virtues of cleanliness and the raison d'etre of the new germ theory, some non-registered physicians were less convinced on the merits of *wisaeng*. Despite the disagreement, Eastern-medicine physicians on the whole argued forcefully that a strong Korea depended on strong individual bodies and minds. Tweaking and innovating older Eastern medical theories that often emphasized balancing yin-yang aspects of the body, these physicians shifted towards the language of strengthening the body. Korean physicians thus revived and reinvented "nourishing life" (*yangsaeng* 養生) practices as part of a popular movement of autonomous healthcare. They newly saw their role in strengthening bodies and minds as crucial to nation building and modernity. They contrasted the boosting properties of medicines such as ginseng and aconite with Western medicine and its emphasis on eradicating pathogenic bacteria. Boosting qi and yang was not an abstract idea for them but rather a practical response to Korea's perceived weakness. They reframed Eastern medical therapeutics and regimens as means to physically and mentally build robust Koreans.

Closely related to strengthening Korea via using ideology and practical therapeutics, much of the language healers used in their writings metaphorically served similar goals. For example, one writer Sŏk-kok (石谷 1855-1923) argued that the yin-yang medical model could explain Korea's position at the center of civilization. To give just one example, the importance of the choice of language as a force in shaping understandings of the world may also be seen in the choice of the term Eastern Medicine. Although coined by scholar-physician Hŏ Chun (許浚 1539-1615) in the seventeenth century, it was not used widely until the twentieth century. In the cosmological model used by these physicians in their practice, the term for East meant more than geographical

location. It represented yang, dynamism, new beginnings, and growth. The etymology of the written word East *tong* 東 contained the sun (*il* 日), which was the arch metaphor for dynamic yang qualities. A commonly understood trope in both Korea and Japan was that the sunrise first appears in the East, signifying primacy as well as superiority in a global context. In metaphorical terms, therefore, choice of language by Eastern-medicine physicians served to stake out a position, a statement of intent. More obviously, in the context of modern politics, the use of the term Eastern acted to decenter China, and for Korean physicians, to set themselves up as a counterforce to the West. Medicine and its articulations in language thus performed as a key medium in the goal of valorizing Korean forms of knowledge as well as situating Korea as a nation with important contributions to make to the world.

While this dissertation focuses on Korean voices by drawing mostly on medical journals and essays, and some oral interviews (see chapter six), its framing questions have mostly drawn on scholarship in the broader field of Chinese history and Taiwan history. For example, in *Prescribing Colonization* Michael Shiyung Liu wrote the first book-length study to focus on the history of colonial medicine in the Japanese Empire (1895-1945).[19] His examination of colonial medicine in Taiwan, as Japan's first colony, serves as a platform to expand research into Korea as Japan's second colony. The field of the history of colonial medicine has mostly focused on British colonialism in India,[20]

[19] Michael Liu, *Prescribing Colonization: The Role of Medical Practices and Policies in Japan-ruled Taiwan* (Ann Arbor: Association for Asian Studies, 2009).
[20] David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2004). Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850-1945)* (Hyderabad: Orient Longman, 2006); Guy Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (Hyderabad: Orient Longman, 2007); Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition*, 1600-1900 (London: Palgrave Macmillan, 2008); Rachel Berger, *Ayurveda Made Modern: Political Histories of Indigenous Medicine in*

with a number of studies focusing on Dutch,[21] French,[22] and American[23] colonial medicine, among others.[24] Liu suggests that the phenomenon of Japanese colonial medicine poses different questions than those asked in the existing scholarship on colonial medicine. Most prominent is the question of a Japan as colonizer that shared many cultural characteristics with the colonized Koreans. Thus, in this dissertation I broadly trace how Koreans mobilized their cultural resources as Eastern, thus enabling a common ground with the Japanese whose cultural and medical beliefs featured many similarities, if not as well as some commonalities.

Perhaps the most significant commonality shared by Korean and Japanese thinkers was the intellectual project to decenter China. Broadly defined, Korean and Japanese intellectuals argued for a break from the centrifugal force of Chinese civilization that had been a touchstone for scholars for at least five centuries prior to the twentieth century. Thus, even though the Japanese political rulers argued for the primacy of Western medicine, at the same time, Korean and Japanese found common ground in the conceptual term Eastern medicine (Korean- *Tongyang ŭihak*, Japanese-*Tōyō igaku* 東洋醫學). I will show in chapter four that Koreans and Japanese also at the same time in 1934-1935, changed to the common use of a new term literally meaning "Han formulas"

North India, 1900-1955 (Basingstoke: Palgrave Macmillan, 2013); Projit Mukharji, *Doctoring Traditions: Ayurveda, Small Technologies, and Braided Sciences* (Chicago: University of Chicago Press, 2016).

[21] Hans Pols, *Nurturing Indonesia: Medicine and Decolonisation in the Dutch East Indies* (Cambridge: Cambridge University Press, 2018);

[22] Laurence Monnais, *Southern Medicine for Southern People: Vietnamese Medicine in the Making* (Cambridge: Cambridge Scholars Publishing, 2012).

[23] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

[24] For example, Shula Marks, "What is Colonial about Colonial Medicine?" *Social History of Medicine* 10.2 (1996): 205-219; Ellen Amster, *Medicine and the Saints: Science, Islam, and the Colonial Encounter* in *Morocco, 1877-1956* (Austin: University of Texas Press, 2013).

(漢方), *Hanbang* in Korean and *Kampo* in Japanese.[25] Their common use of this term served to decenter China, and so also Chinese medicine (since Chinese physicians never used it to refer to their traditional medical practices), and at the same time to situate the newly reconfigured East Asia as a counter to the West.

In the only book-length study in English to examine the history of traditional medicine in Korea on its own terms, Soyoung Suh, argues that despite valiant efforts, Koreans struggled to define themselves beyond Chinese, and later Japanese frames of reference.[26] On this point, I offer a different perspective, one in which Koreans acted confidently to define themselves as leading thinkers in East Asia and aimed to be influential on a world scale. The issue of the 1913 regulations, in fact, lies at the heart of the scholarship in the history of medicine in Korea in the twentieth century. Scholars characterize the regulations as an act of repression designed to marginalize and eventually destroy Korean medicine[27] and consistently use them as a central piece of evidence of Japanese repression of Koreans.[28]

I also seek to offer another perspective from which to view the history of medicine in East Asia in the first half of the twentieth century. Scholars such as Sean Lei, Bridie Andrews, and Volker Scheid have shown how Chinese physicians increasingly

[25] *Kampo* was an already existing term in Japan, but physicians infused it with new significance and more prominent usage in the 1930s.
[26] Soyoung Suh, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century* (Cambridge: Harvard University Press, 2017).
[27] Shin, Dong-Won, "How Four Different Political Systems Have Shaped the Modernization of Traditional Korean Medicine between 1900 and 1960." In *Historia Scientarium*, 2008, 225-241. Korean medicine is his term.
[28] Park Yunjae is a representative example, "Medical Policies toward Indigenous Medicine in Colonial Korea and India," *Korea Journal* 46.1 (Spring 2006): 198-224. A recent example is Park, Young-sin who characterizes "Oriental medicine" as a key target of Japanese cruel oppression. Park, Young-sin, "Visitor Experience at the 1915 Exposition and New Korean Subjectivities," chapter 5, 228-312, in "The Chosŏn Industrial Exposition of 1915," PhD dissertation, State University of New York Binghamton, 2019.

used the term "Chinese medicine" (*zhongyi* 中醫) in the 1920s and 1930s.[29] That term, however, defined medicine as a nationalist project, thus excluding Koreans and Japanese from a medical practice that had previously been understood broadly as shared across East Asia. While the translation of the *zhongyi* term as Chinese medicine has become normalized in the twenty-first century, peaking with the World Health Organization's recognition in 2019, Koreans and Japanese never accepted the universalization of the English translation "Chinese Medicine" that disregarded their contribution to shared medical traditions. The roots of this rancorous twenty-first century dispute lie in the Renaissance of Eastern medicine in both Korea and Japan in the 1930s, and especially in the defining of their native medicine as Eastern rather than exclusively Chinese. Iwo Amelung has examined the question of a Renaissance in China in the 1930s.[30] In his analysis, Chinese thinkers expressed dreams and aspirations of a cultural Renaissance, yet fell short of its realization, partly because of war. I also draw on Amelung's argument, but show instead that the rhetoric of a Renaissance in the form of a revival of Eastern medicine enjoyed widespread coverage in the 1930's Korean media.

East as cultural marker

My decision to use the historical actors' categories Eastern medicine and *Hanbang*, which were commonly used in the 1930s, challenges the established terminology in the scholarship. Korean language scholarship translates *Tongŭi* 東醫 (lit. Eastern medicine)

[29] Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014). Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (Vancouver: University of British Columbia Press, 2014). Volker Scheid, *Currents of Tradition in Chinese Medicine 1626-2006* (Seattle: Eastland Press, 2007).
[30] Iwo Amelung, "Science and National Salvation in Early Twentieth Century China," in Iwo Amelung and Sebastian Riebold, eds, *Revisiting the "Sick Man of Asia": Discourses of Weakness in Late 19th and early 20th Century China* (Frankfurt am Main: Campus Verlag, 2018).

as Korean medicine (*Hanŭihak* 韓醫學).[31] Similarly, writing in English, Sonja Kim explains that she uses *Hanŭi* (韓醫)[32] because it is the term used in present-day Korea, though she acknowledges that it was not the historical term. Furthermore, her argument assumes that present-day Korea is only South Korea. After 1945, North Koreans continued to use the terms Eastern medicine (*Tongŭi*) and *Hanbang*, and only more recently began to use the terms for historical dynasties – namely, Chosŏn (조선) medicine and Koryŏ (고려) medicine – symbolically referring to periods before Korea was split into two.[33] Koreans in the North do not use *hanŭi* to designate their traditional medicine, since *Han* (韓) is the term used for South Korea (*Hanguk* 韓國), but not North Korea (*Chosŏn* 朝鮮).[34]

Following convention, John DiMoia also chooses to use the modern romanised term *Hanŭihak* for "Korean medicine," but without explanation.[35] Some scholars argue that the Korean physicians understood Eastern medicine as actually meaning Korean medicine. While I accept that there is some truth in this argument, these scholars are retrospectively assigning their own meaning to a historical actors' category that meant something else. Furthermore, scholars who use the term *Hanŭihak* or "Korean medicine"

[31] For the best example of Korean language scholarship using the term *Hanŭihak* or Korean Medicine for the colonial period in Korea, see Kim, Nam-il. *Kŭnhyŏndae hanŭihak inmul silrok* 근현대 한의학 인물 실록 (*Annals of personages in modern Korean medicine*) (P'aju: Tosŏ ch'ulp'an, 2011), 26.

[32] Sonja Kim, "The Search for Health: Translating *Wisaeng* and Medicine during the Taehan Empire," in Kim Dong-no, John Duncan. Kim Do-young, eds, *Reform and Modernity in the Taehan Empire* (Paju: Jimoondang 2006), 299-341, 306, fn. 9.

[33] Koryŏ is the name of several different states in Korean history, and is sometimes used to denote the whole of the peninsula.

[34] Koreans began to also commonly use the term *Hanbang* (lit. Great formulas) in the 1930s.

[35] John DiMoia, *Reconstructing Bodies: Biomedicine, Health, and Nation-Building in South Korea* (Palo Alto: Stanford University Press, 2013), 21.

use a single term thereby conflating "Eastern medicine" (*Tongŭi*) with "*Han* formulas" (*Hanbang*), thus assuming there is no need to differentiate them. Soyoung Suh defines Eastern medicine and *Hanbang*, but then proceeds to use the English term "traditional medicine" to describe both categories.[36] In practice, the term *Hanŭihak* or Korean Medicine was not actually used in South Korea before the 1980s and 1990s. Thus, in using the terms Eastern medicine and *Hanbang*, this article remains faithful to the historical terms the journal authors themselves used. These previous scholars have missed the multiple metageographical meanings in the term Eastern. For example, to use the term Eastern medicine implies that it was not limited to Korea, but rather was a reflection of the concept of Korean ideas as representative of the East Asian region. Furthermore, the term Eastern places the medicine in direct conversation with Western medicine, thus showing that Koreans imagined themselves operating in a global context and not only within a Korean or East Asian one.

As well as for medicine, the term mostly used in the sources for Korean people is Eastern people (*Tong In* 東人). The character for East (*Tong* 東) consists of a sun (*il* 日) rising through the trees (*mok* 木).[37] In contrast to Chinese people who often referred to themselves as the people of the central country (*Zhongguoren*), Koreans historically thought of themselves as the Eastern people and referred to their homeland, which we now know as Korea, as the Eastern State (*Tongkuk* 東國). In the cosmology of both the

[36] Soyoung Suh, "Korean Medicine between the Local and the Universal: 1600-1945," PhD Dissertation, University of California Los Angeles, 2006, 106-109.
[37] Charles Alfred Speed Williams, *A Manual of Chinese Metaphor: Being a Selection of Typical Chinese Metaphors* (New York: AMS Press, 1920), 176.

Book of Changes[38] and the *Inner Canon*,[39] a rising sun acted as the metaphor for immanent growth, potency, and potential, termed yang. Koreans clearly drew on these metaphors to inform their reading of Korea as related to the rising sun in the East. They were convinced of the yang qualities of Korea and therefore its superiority. In contrast, the character for the word West (*so* 西) has been interpreted as portraying a bird sitting on its nest at sunset, metaphorically indicating waning powers and growing quiescence.

In their writings, the physicians continually emphasize that their understanding of all things is based on the concepts of yin-yang and the Five Agents.[40] The writings articulate that Eastern medicine pertains to yang, while Western medicine pertains to yin. Understanding that the relationship is dynamic and fluid, nevertheless, yang corresponds to the ethereal qi qualities unable to be tied down to a physical form. Yin, on the other hand, corresponds to the concrete and the material. An example would be the yin of actual muscle tissue that needs the yang qi substances to activate it or move it. Using the Five Agents concepts presents another perspective. The East refers to wood. The very word Chosŏn (朝鮮) explicitly implies yang qi. *Cho* is the early morning, thus rising

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[38] For a detailed analysis of the text, see Michael Nylan, "*The Changes Yi* 易*,"* chapter 5, 202-252 in Nylan, *The Five "Confucian" Classics* (New Haven: Yale University Press, 2001). Nylan describes the Changes as the text that has elicited the most interest from scholars and laymen in China throughout the ages.
For a historical summary of the *Book of Changes*, see Edward Shaughnessy, I ching 易經, 216-228, in Michael Loewe, ed., *Early Chinese Texts: A Bibliographical Guide*, (Berkeley: The Society for the Study of Early China and University of California Berkeley), 1993.

[39] *Inner Canon of the Yellow Emperor* (*Huangdi neijing* 黃帝內經). Nathan Sivin places the *Inner Canon* in about the first century BCE. See Nathan Sivin, "*Huangdi neijing* 黃帝內經," Michael Loewe, ed., *Early Chinese Texts: A Bibliographical Guide* (Berkeley: The Institute of East Asian Studies, University of California, 1993), 196-215. This foundational set of texts by unknown authors has gone through changes over time, but has remained the most influential medical publication in China and Korea. Divided into two major sections, *Basic Questions* (*Suwen* 素問) deals with diagnosis and theoretical principles while the *Spiritual Pivot* (*Lingshu* 靈樞) mainly discusses acupuncture. See Hong Wŏn-sik, *Gyokam sikyŏk Hwangche Naekyŏng Somun* (Collation and translation of *Inner Canon of the Yellow Emperor Basic Questions* (Seoul: Tongyang ŭihak yŏnkuwŏnch'ulp'anpu, 1985).

[40] Wood, fire, earth, metal, water.

yang. The East is wood, meaning Spring and rising yang, implying new possibilities and new life. West, on the other hand, corresponds to metal, Autumn, and growing yin. Autumn implies contraction and growing darkness. Furthermore, in the five agents cycle (*o haeng* 五行), metal attacks wood. It is well understood in this configuration, that the West sometimes attacks the East, or at least counters or controls the East. This counter-cycle causes harm if there is stagnation in the flow. If the cycle flow is dynamic, moving, and changing, the wood can counter the metal attack, by absorbing the qi and transforming it into fire, thus exuberant growth. If growing yang (East) is thus balanced with growing yin (West), harmonious union and revitalization will occur.[41] These metaphoric and metageographic concepts constituted in significant part the conceptual frameworks that the Eastern medicine physicians regularly used in their writings to explain how they envisioned that Eastern medicine was equal to Western medicine and would benefit the world.

Thesis structure

Part one of this dissertation examines the registered learned physicians who did engage with and also adopt some of the language of modern biomedicine, but insisted on Eastern medicine's survival. Facing possible extinction with the new Physician Regulations of 1913 the Korean Eastern-medicine physicians met the challenge from the colonial state by organizing into associations. Thus, they created a space independent of the state, in which they published medical journals, participated in symposia, and began to commercialize their medicine through advertising.

[41] For a detailed discussion of the symbolic significance of East within the Five Agents that is summarized here, see Sŏk-kok, *Somun Taeyo* (Main Points of the Basic Questions) (Koyang: Taesŏng ŭihaksa, 2003), 235.

Part two examines some ways by which the registered healers worked towards the Eastern Medicine Renaissance of the 1930s. A primary aim was to frame Eastern medicine as domestic medicine that could be practiced by anyone in the community. For example, in 1919, nourishing life (*yangsaeng* 養生) became a popular therapeutic health practice. Furthermore, in the 1930s, Eastern-medicine physicians declared the formation of the new *Hanbang* (漢方) medicine, understood as the integration of Eastern and Western medicines, and which I term an incipient form of medical bilingualism.

Part three examines two non-registered healers who worked in rural, regional Korea. My two case studies are the non-registered healers Sŏk-kok (石谷 lit. Stone Gorge 1855-1923) and Maeng Hwa-seop (孟華燮 1915-2002). Sŏk-kok is a good example of a healer who saw no need to adopt the cloak of modernity. Rather, he argued strongly for resistance to Western biomedicine. Maeng, on the other hand, provides an example of a largely self-taught healer who continued to provide herbal medicine treatment to people in the countryside where Western medicine physicians remained rare.

Historians have asked why and how Chinese medicine physicians negotiated their status in twentieth century China in the face of modernizers' challenges. Scholars mostly arrive at a degree of consensus that Chinese medicine physicians changed much of their theoretical framing and clinical practice due to demands of the modernizing state. In all of these accounts, Chinese medicine is self-contained within Chinese national borders, thus excluding Korea and Japan. This thesis offers a perspective through a broader lens. Although smaller in size than China, the Korean case demonstrates a story of Eastern-medicine physicians who thought of themselves as part of the Eastern cultural sphere (including China), yet did not understand themselves as compromising their indigenous

theory or practice. In even broader terms, the case of the Eastern-medicine physicians in Korea showed that the introduction of modernity inspired a Renaissance of some aspects of indigenous culture such as medicine. In the twentieth century, Koreans continued to put into practice ideas embedded in Eastern medicine. There was a considerable degree of continuity in not only medical practice, but also persistence in the use of older concepts such as Confucian language, which some thinkers deployed as a counter to the introduction of Western ideas. Viewed through a wider East Asian lens, Eastern-medicine physicians in Korea provide an example for the region and the world of increasing resilience and strength in the context of Japanese colonial rule.

PART ONE

Learned Physicians and the Healing Renaissance

Andre Schmid's term "Korea Between Empires" refers mostly to the period between 1895-1910, known as the Great Korean Empire.[1] His main point is that most of the Korean nationalist ideas that flourished in the 1910s-1930s were formulated before the Japanese annexation of the peninsula. In other words, Korean nationalism, often erroneously described in the literature as a response to Japanese colonialism, was mostly based on a desire to decenter China and to liberate Korean minds from the yoke of emulating Chinese learning. The "Empires" Schmid refers to were the Chinese-Manchu Qing Empire (1644-1912) and the Japanese Empire (1895-1945). He argues that in the period when Korea broke free of Chinese suzerainty (1895-1910), Korean thinkers reoriented the East (*tongyang* 東洋) in the new concept of Pan-Asianism. As part of this endeavor, Koreans conceived of a new definition of the East, often subsumed under the title of *minjok* (民族). This term is usually translated as "race," but can also mean a group of people. For the Koreans, *minjok* referred to the Korean people, but in the 1910s it also broadly referred to an East that was usually understood as the people existing within the Confucian cultural umbrella, which covered Korea, Japan, Taiwan, and China.

[1] Schmid, 2002.

It is in this context of decentering China, and aiming to define the East as a group of people, that Eastern-medicine physicians in Korea sought to take the lead in defining Eastern ideas under the rubric of medicine in its various forms. Instead of *Korea Between Empires*, however, as Schmid appropriately defined the period from a political perspective, the Korean Eastern-medicine physicians imagined a Korea beyond Empire that was engaged with the world, both within the East and on a global scale. In Schmid's reading of the period, Koreans engaged with the world while at the same time defining themselves as an important element of the global community often defined as the East. Eastern-medicine physicians, however, represent a group of Koreans who built institutions that embodied a set of ideas and medical theories that could represent Eastern thinking, broadly defined. Their point was that these ideas and practices subsumed under the Eastern medicine classification were a benefit not only for Eastern people, but also for the global community. The two chapters in Part One discuss the new situation of colonial rule in the 1910s. Physicians faced the issue of registration with the colonial state by forming associations, publishing journals, and arguing their case by framing Eastern medicine as integral to Korean people's lives. Thus chapter one examines the initial responses to the new physician regulations of 1913 and chapter two analyzes the content of the journals that the newly registered physicians began to publish.

Chapter One

Korean Physicians Establish a Profession

Introduction

The new Meiji 明治 government (1868-1912) in Japan gradually introduced legislation to authorize Western-medicine physicians. In 1870, the Japanese Meiji state officially adopted German medicine as the legal standard. The Chinese medicine doctors, as they called themselves, tried but failed to gain state recognition. Instead the government began with medical regulations delegitimizing traditional medicine healers in Tokyo in the 1870s. By 1883, the regulations extended to all of Japan, such that physicians of "Han formulas" or *kampo* (漢方) medicine were declared unofficial illegitimate healers.[1] In 1895, Japan went as far as to prohibit traditional medicine practice. In 1895, Formosa (present-day Taiwan) became Japan's first colony. Traditional healers were tolerated, but almost disappeared due to the new registration regulations.[2] This was not the case for traditional physicians in Korea under Japanese rule, which started incrementally as a Protectorate in 1905. By 1908, the Japanese colonial government in Korea also decided on official registration of Eastern-medicine healers as they had done 25 years earlier in Japan.

[1] Yuki Terazawa, "Gender, Knowledge, and Power: Reproductive Medicine in Japan, 1690-1930," PhD dissertation (University of California Los Angeles, 2001), 210-219. Also see Suh, 2006, 101.
[2] See Michael Shiyung Liu, *Prescribing Colonization: The Role of Medical Practices and Policies in Japanese-ruled Taiwan 1895-1945* (Ann Arbor: Association for Asian Studies, 2009), 106.

Just over a decade later in China, various forces sought to eradicate or limit Chinese medicine in the 1920s, albeit unsuccessfully.[3] A comparable threat to the official existence of traditional healers as a group, however, did not occur in Korea as was the case earlier in 1880's Japan and later in 1920's China. Although the Japanese official registration in 1908 of Eastern-medicine healers in Korea has been interpreted as an act of repression and humiliating political control, I argue that, placed in a wider context, this registration also helped create an unusual case of state legitimation of traditional medicine in early twentieth-century Korea.[4] This new policy also contributed to Eastern-medicine physicians newly organizing themselves institutionally into a political group. Thus, the previously independent physicians built a new sense of professional and social identity through participating in the Japanese institution of the register. One of the consequences beyond registration was also building their own associations.

The Japanese residency-general in Korea had adopted a rudimentary system of registration of all physicians in 1908 practicing either Western or Eastern medicine.[5] After Japan officially annexed Korea in 1910, the ruling Government-General further amended the system by a decree in 1913 that announced the Physician Regulations. The new regulations meant that successful registrants joined one of two physician categories, either the "professor physician" *ishi* 醫師 or the "practicing physician" *isei* 醫生.[6] Both terms may be translated as "physician," but *ishi* was of higher status because these

[3] Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014), 4-6.
[4] Kim Namil, (2011).
[5] *Chosŏn ch'ongtokbu gwanpo* 朝鮮總督府官報 (*Chosŏn Government-General Report*, Hanyang), 1908. When Korea became a protectorate of Japan in 1905, the Residency-General represented Japanese rule.
[6] The phoneticization here is the Japanese pronunciation, since the decree was published in Japanese. The system is explained along with lists produced each year from 1910-1945 in the *Chosŏn ch'ongtokbu gwanbo* 朝鮮總督府官報 (*Chosŏn Government-General Report*, Keijō).

physicians had passed a qualifying exam in Western medicine. In the second category, *isei* were practicing physicians who had either not taken or not passed the same exam and primarily (or exclusively) practiced Eastern medicine. Both groups were able to practice freely, but only the *ishi* were able to become teachers in the universities.[7] However, to distinguish themselves from the new Western-medicine physicians – namely, the *ishi* of Korean, Japanese, North American, and Australian origin – the new class of *isei* or "practicing physicians" began to refer to themselves as Eastern-medicine physicians. These physicians practiced medicine based mainly on the form of healing best represented by the Korean medical text *Treasured Mirror of Eastern Medicine* (*Tongŭi pogam* 東醫寶鑑 1613), compiled and edited by court physician Hŏ Chun (許浚 1539-1615). They thus believed that health depended on balancing the yin-yang of the body, together with the system of the five agents of wood, fire, earth, metal and water.[8] Although these physicians mainly prescribed herbal prescriptions, some also practiced acupuncture.[9] Illustrative of the type of medicine the Korean physicians practiced, the *Treasured Mirror* lists hundreds of single herbs, as well as hundreds of herbal formulas to treat a wide spectrum of conditions. In addition to herbal medicines, treatment methods including acupuncture, massage, dietary therapy, and exercise therapies merit sections in the text.

[7] The understanding that only the *ishi* could teach in the universities was a theoretical issue and more a question of status than actuality. The reason was that there were no universities in Korea until 1924, and no university-level medical schools until 1926.

[8] Hŏ Chun, *Treasured Mirror of Eastern Medicine* (*Tongŭi pogam* 東醫寶鑑). For an English translation, eds. Ahn Sang-woo and Kwon Oh-min (Seoul: Korean Ministry of Health and Welfare, 2013). Much of the theoretical framework for *Treasured Mirror* can be traced to the *Inner Canon of the Yellow Emperor* (*Huangdi neijing* 黃帝內經) of Chinese antiquity.

[9] For a chronicle of selected physicians, see Kim, Namil 2011.

Despite the rhetoric of denigration of Eastern medicine concomitant with the official announcement of Western medicine as the standard form of healthcare in 1912-1913, the mostly Eastern-medicine "practicing physicians" remained the numerically dominant force in Korea among all physicians even into the 1940s.[10] According to the Government-General reports, there were about 6,000 registered practicing physicians in Korea in 1913, declining to about 4,000 by 1940.[11] In the same time period, the mostly Western-medicine "professor physicians" grew from about 200 in the late 1910s to 3,000 in the late 1930s.[12] Despite a gradual decline in registered numbers over three decades, practicing physicians continued to practice from 1910-1945 as state-approved medical personnel through registration. Not only were they officially qualified to practice, but also the Japanese government required them to participate in public health measures, such as reporting contagious diseases and issuing official death certificates. On the other hand, we also know of healers who practiced outside the state regulated system who, although not listed in the official records, established medical lineages some of whose members have compiled historical records testifying to their continued existence and thriving practice despite Japanese colonial rule.[13]

Many of the non-registered healers who the Japanese state did not officially recognize were shamans, mostly based in the countryside, and with the largest numbers

[10] For discussion on the new medical regulations 1912-1913, see Soyoung Suh, 2006, Chapter 2, "Medical Reforms and Institutional Change," 91-135.
[11] *Statistical Year Book of the Government-General of Korea* (Chosŏnch'ongdokpu t'onggye yŏnpo 朝鮮總督府統計報), 1913 edition.
[12] For statement that there were 1000 Western-medicine physicians in the 1910s, see Don Baker, "Oriental Medicine in Korea," in H. Selin, ed, *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures* (Britain: Kluwer Academic Publishers, 2003), 133-153. However, the *Chosŏn Governor-General's Records*. Keijo (1910-1945), show that there were less than 200 Western-medicine physicians who had formally registered in Korea in the 1910s.
[13] For example, see this thesis chapter 5 for Kyŏngsang Province (慶尚道) physician Sŏk-kok and chapter 6 for Kyŏngggi Province (京畿道) physician Maeng Hwa-seop (孟華燮 1915-2002).

in the south of the peninsula.[14] The Japanese colonizers largely left these healers alone to practice as they had in the past. At the beginning of formal Japanese rule in 1910, official proclamations declared religious healing to be superstitious and backward.[15] Most of such educational propaganda fell on deaf ears, however. In practice, the state tolerated religious healing practices as long as the healer did not incorporate political content into his or her ritual practice. The anthropologist Kim Kwang-ok has shown, however, that political content was often incorporated into ritual healing contents in vernacular language, which was often unintelligible to Japanese police officers. Kim also shows that by the 1930s, the Japanese authorities gave up on any attempt at limiting religious healing, but instead attempted to enforce their own Shinto religious rituals. In order to co-opt Korean religious ritual, Japanese authorities tried to persuade Korean people to switch the names of their gods and spirits to those of Japanese gods. This policy was mostly unsuccessful. Although the Japanese rulers were bent on modernization, in such cases when they accepted Korean ritual practices they also sought accommodation.

As with Korean ritual practice, the colonial state also accommodated Eastern-medicine physicians. While the long-term result of the new regulations was to legitimize Eastern-medicine physicians, in the short-term they faced the challenge of their possible marginalization and potential extinction. The purpose of this chapter is not to focus on the registered physicians as more important than the unregistered healers. After all, although we do not have figures, it is most likely that the majority of native Korean

[14] Murayama, Chijun, 村山智順 *Chōsen no fugeki*, 朝鮮の巫覡 (*Shamans of Korea*), (Tokyo: Kokusho, 1972) reprint.
[15] Kim, Kwang-ok, "Colonial Body and Indigenous Soul: Religion as contested terrain of culture," in Lee, Hong Yung, Yong Chool Ha, and Clark Sorensen, eds, *Colonial Rule and Social Change in Korea*, *1910-1945* (Berkeley: Center for Korean Studies Publications, 2013), 264-313.

physicians did not register. Rather, the chapter's purpose is to delineate the regulatory framework that the Japanese colonial state put in place because it is this framework that the Korean "practicing physicians" responded to in their writing, publishing, and organizing. The most obvious issue for the Eastern-medicine physicians was that the new colonial rulers had deemed their official status secondary to Western-medicine "professor physicians." That abrupt change in social status would have been a daunting challenge in ordinary circumstances, but they also faced the extraordinary circumstance of being under Japanese rule.

In this chapter, I first discuss the new circumstances that the physicians faced. Together with the overarching debate of how Korea was to adapt to the challenge of modernity, including the newly introduced Western medicine, the physicians' most urgent challenge was how to adapt to the new Physician Regulations of 1913. The first section discusses the established view in the secondary literature together with the issue of translation of terminology of the two physicians' categories. I then discuss the local context in which the new regulations were implemented. Following that I discuss a more distant view of the Korean regulations using a leading Chinese official's diary. This chapter thus outlines the legislative context that was established in 1913 to set up the subsequent chapters that discuss how the physicians responded to the double-challenge of the new regulations that a neighboring colonial power decreed.

Established view on the regulations

Much of the the secondary scholarship's essential point is that the new regulations of 1913 were harmful to traditional medicine physicians and thus harmful to Korea. For

example, for Soyoung Suh, the regulations were a severe blow causing a severe degradation of Korean medicine (Suh's term).[16] For Suh, in common with Shin Dongwon and Park Yunjae, the main issue is the secondary status of traditional medicine physicians. They argue that the term given for doctors, *ŭisaeng* (Korean for *isei* 醫生), means medical student, which was a demeaning title.[17] For these scholars, most, but not all, of the Eastern-medicine physicians who registered entered this category, thus diminishing Koreans as a whole.

Shin Dongwon and Park Yunjae also compared the difficult plight of physicians in Korea with traditional medicine practitioners in Japan and India respectively. For Shin, the Korean-medicine physicians underwent humiliation that their counterparts did not undergo in Japan. Shin's reasoning is that it was a humiliation to be put in the secondary category of *ŭisaeng* ("medical student"). In Japan, on the other hand, there was no category into which traditional medicine physicians could fit. They just could not register, so they avoided the humiliation that occurred in Korea. Likewise, Park's argument revolves around a comparison with India as well in which he analyzes the stringent and harsh regulations in Korea alongside the relatively liberal British rule in

[16] Soyoung Suh, 2006, 106-109. Shin Dongwon, 2008, 232-233. Park Yunjae, 2006, 210.
[17] In the most recent scholarship, Kim Taewoo uses a different term, "medical apprentice." Kim, Taewoo, 김태우"Singminji Chosŏn esŏ ŭi ŭiryo ŭi kŭndaejŏk p'yŏnhwa: tongasia kongminkokka singminji ŭiryoch'egyesok ŭisaengjedo" 식민지 조선에서의 의료의 근대적 변화: 동아시아국민국가 식민지의료체계 속 의생제도 (Modern Changes in Medicine in the Colonial Joseon: The Institution of Medical Apprentices in the Contexts of the Colonial Health Care System in an East Asian Nation-State) in *Korean Journal of the Social History of Medicine and Health*, vol#? no. 2, 2018, 75-101.
[17] Annette Son, "Modernization of medical care in Korea (1876-1900)," *Social Science and Medicine*, 49 (1999): 543-550. On degradation of Korean medicine, 545.

India during the same period that was more relaxed about the continuation and development of what Park terms indigenous medicine.

Concurring with the theme of Korean humiliation, Annette Son argues that the regulations caused deterioration in the quality of what she calls Korean medicine.[18] Her reasoning is that the learned and high-quality practitioners could not bear to register, because they could not endure the Japanese contempt for Korean medicine, and so instead many lower-quality practitioners registered, thus bringing down the quality of physicians. Continuing the theme of the retrograde nature of the regulations, Park Jungwee states that Korean people could only be passive and obey the repressive Japanese government. He speculates that traditional doctors may have practiced surreptitiously, forming an underground market, but whether or not they did manage to practice, they wer subject to an all-powerful colonial state.

Unlike the many scholars who describe the regulations only in negative terms, one scholar, Kee Chang-duk, offered a different perspective by writing that the Japanese policies ironically allowed traditional medicine in Korea to thrive, such that Korea was unique in its revival of what Kee called "Oriental medicine."[19] Kee even refers to Japanese policies on the Oriental medicine physicians as enlightened, but does not explain his reasoning. Other scholars have ignored Kee's work, as he arguably ascribes the revival of traditional medicine to Japanese rule. Thus, unlike most of the scholarship, he acknowledges a medical revival in Korea. However, similar to most of the preceding

[19] Kee Chang-duk (奇昌德), "Oriental Medical Doctors and the Oriental Medicine Training Institute During the Era of Enlightenment" (*Kaemyŏnggi ŭi Tongŭi wa Tongŭihak Kangsŭpso* 開明期의 東醫 와 東醫學講習所), *Korean Journal of Medical History*, 2.2 (1993): 178-196.

scholarship, in his work, Korean voices remain silent. Finally, the anthropologist of medicine in Korea, Jongyoung Kim, argues that it is scholar's responsibility to reject the dichotomies of East/West and traditional/scientific.[20] Kim argues that scholars invent stark dichotomies for the sake of simplistic analysis whereas the reality on the ground is that there is a dynamic synthesis and multiple negotiations between the respective actors in Eastern and Western medicine. In short, he argues that a result of this synthesis is a unique type of hybrid medicine widely practiced in Korea today. In line with Kim's thesis, the evidence in the physicians' journals during the colonial period shows that in the 1910s the physicians were already arguing for a synthesis of Eastern and Western medicine.[21] In their writings, they displayed no objection to Western medicine.

Aside from Kee Chang-duk who argues for inadvertent benefits for traditional medicine due to Japanese rule, all scholars agree on one essential point. They state that the designation of different categories in the Regulations was a design to suppress Koreans. I argue for reconsideration of that assumption.

On physician terminology - the ŭisa and ŭisaeng

In 1914, the Government-General Report published the decrees, collectively titled "Physician Regulations," to explain the registration system for medical practitioners.[22] The decrees were issued in the name of the Internal Affairs Department (or Home Affairs Department *naemubu* 內務部), one of six departments in the Government-General

[20] Jongyoung Kim, "Hybrid Modernity: The Scientific Construction of Korean Medicine in a Global Age," PhD dissertation, (University of Illinois at Urbana-Champaign, 2005).
[21] I discuss the synthesis of Eastern and Western medicine in Korea in the 1910s in chapter 2.
[22] *Chosŏn Government-General Report* (*Chōsen Sōtoku-fu Kanpō* 朝鮮總督府官報) 12 (1914): 148-151.

structure.[23] The decrees stipulated the regulations for three categories, *ŭisa* (professor physician 醫師), *ŭisaeng* (practicing physician 醫生), and *kongŭi* (public health officer 公醫).[24] In the hierarchy of status, *ŭisa* was placed at the top and *ŭisaeng* second. Both *ŭisa* and *ŭisaeng* were entitled to see patients and to open clinics in their own name if they wished. *Kongŭi* was a third category of public health officers responsible for issues of hygiene (*wisaeng* 衛生) and sanitation. In this section, I first discuss the difference between the *ŭisa* and *ŭisaeng* categories, and then discuss the problem of translation of these two terms.

Regarding *ŭisa* and *ŭisaeng*, the key difference was the much higher level of difficulty in obtaining the title of *ŭisa*. *Ŭisa* needed to have graduated from designated medical schools in Korea or overseas.[25] Because the emphasis was on westernizing medicine, it is very likely that the list of designated schools, which was not published, only included schools of Western medicine.[26] Alternatively, people could become a *ŭisa* by passing a state-designated exam. *Ŭisaeng*, on the other hand, only needed to pass a simple exam, or have at least two years of clinical experience. *Ŭisaeng* also needed to be at least aged twenty. One provision that most present-day scholars find degrading was

[23] For the Government-General structure, see Rew, Joung Yole, "A Study of the Government-General of Korea, with an Emphasis on the Period between 1919- and 1931," PhD Dissertation (The American University, Washington D. C., 1961), 50.
[24] The decree on physicians' regulations was written in Japanese. The phoneticized 醫師 and 醫生 in Japanese are *ishi* and *isei*. Instead of using the Japanese phoneticization, I have decided to use the Korean phoneticization of 醫師 and 醫生, *ŭisa* and *ŭisaeng* respectively, since I am mainly writing from a Korean perspective.
[25] In 1913, the main Western medical school in Korea was the Training School attached to the Government-General Hospital (*Chosŏn ch'ongdokpu ŭiwon pusok ŭihak kangsŭpso* 朝鮮總督府附屬醫院講習所). This college admitted Koreans only until 1916, when it also admitted Japanese students and changed its name to the Kyŏngsŏng Medical Professional School (*Kyŏngsŏng Ŭihak Ch'onmun Hakkyu* 京城醫學專門學校). The second largest physician training college was the private medical school affiliated to the missionary-run Severance Hospital. Suh, 2006, 127-128.
[26] I mean that no list was published with the "Regulations."

that the *ŭisaeng* needed to re-register every five years, which was not similarly required of the *ŭisa*. The provision was that the *ŭisaeng* had to show that they were still practicing, thus continuing to gain clinical experience. In practical terms, most Eastern-medicine physicians could register to practice if they wished. In sum, the major differences were the more difficult exam requirement for the *ŭisa* category and the five-year re-registration requirement for the *ŭisaeng* category.

It is clear from the Government-General's decree that there was a hierarchy, with *ŭisa*, as Western-medicine physicians enjoying more status than mostly Eastern-medicine *ŭisaeng*.[27] Both terms, *ŭisa* and *ŭisaeng* had their origins in old Chinese words, *yishi* (醫師) and yisheng (醫生). In China, the *yishi* physician was understood as a learned physician, while a *yisheng* was a physician. Japanese Meiji officials in the 1870s translated the German terms *Arzt Professor* and *Arzt* into Japanese as *ishi* (醫師) and *isei* (醫生), respectively.[28] In the Japanese context *isei* were understood as practicing physicians (*igaku kohosei* 醫學候補生). In Korea in 1913, Japanese officials transferred this older Meiji terminology into the new regulations, thus rendering the The Japanese

[27] The Government-General records do not specify at all whether anyone was practicing Western or Eastern medicine.

[28] In the 1870s, Japanese officials aimed to replace traditional Japanese medicine with German (Western) medicine. As part of the plan, they introduced a new term, *gokenshi* 護健使 (lit. health protector) as their translation of the German term *Arzt* (physician). People could not get used to the new term of health protector, so the officials settled on *ishi* and *isei*. For discussion on the term health protector, see Takizawa, Toshiyuki 瀧澤 利行, "Meiji shoki ishiyosei kyôiku to eisekan (Related medical affairs and medical officers in the early Meiji period) in *Nihon ishigaku zasshi* (Japanese Journal of the History of Medicine) 38, no. 4, 1991, 45-64. For Japanese official translation of the German term *Arzt* to the Japanese term *ishi*, see Naohisa, Fuji and Yohimura Choi eds, 藤井尚久選, 井吉村忠一 編, 村 *Igaku Doichigo Nyumon* 醫學獨逸語入門, Medizinisches Deutsch für Studierende und Ärzte (German Medicine Primer for Students and Doctors) (Tokyo: Kanehara shodan 金原商店, 1936) and Sogo, Igarashi, ed., 五十嵐省吾, *Igo Kihon Gosengo* 醫語基本五千語, 5000 gebräuchlichste medizinische Terminologie für Studierende und Ärzte (5000 Medical terms for Students and Doctors (Tokyo: 南山堂書店, 1932).

colonial rulers first used the two categories in Taiwan where the result was that the traditional medicine physicians almost disappeared as a group.[29] In terms of both numbers and status, in the eyes of most Korean people, the Eastern-medicine physicians there were in a much stronger position than their counterparts in Taiwan

Scholars today argue that the Japanese authorities in Korea used the term *ŭisaeng* in order to denigrate Koreans as "medical students." To make their argument, these scholars unquestioningly translate *ŭisaeng* as medical student.[30] However, it is not clear that the term was understood as meaning medical student in the 1910s. The evidence shows that the colonial authorities were interested in creating two categories of physicians, and were not asking the *ŭisaeng* to study anything. The *ŭisaeng* were actually practicing, and were accredited to work in their clinics. In this context, "practicing physician" instead of medical student is a more appropriate translation of *ŭisaeng*. To give an example that illustrates my argument, before the new regulations, in 1913 the newly formed Chosŏn Physicians' Association, comprised of only Eastern-medicine

[29] Zhang, Xiurong, 張秀蓉, 日治臺灣醫療公生五十年 (*Rizhi Taiwan Yiliao Gongsheng Wushi nian*, *Fifty Years of Medicine and Public Health in Japan-ruled Taiwan*), (Taipei: National Taiwan University Publishing Center, 2012), 330.

[30] Soyoung Suh, 2006, 106-109. Shin Dongwon, 2008, 232-233. Park Yunjae, 2006, 210. While the term *ŭisa* (醫師) denotes high status, the term *ŭisaeng* is multivalent. *Ŭi* (醫) means medicine. The *sa* (師) means master. The multivalence exists in the *saeng* (生) character. It can mean to give life, to create. It was also a courtesy title meaning scholar or teacher. At the same time, it also meant student or disciple. See Paul Kroll, *A Student's Dictionary of Classical and Medieval Chinese,* (Leiden: Brill, 2015). This is the meaning that modern-day scholars have retrospectively assigned to the *ŭisaeng* category in the 1910s. To further illustrate the multivalence of the term, in the 1910s doctors in China commonly used 醫生 (*yisheng* is the Chinese phoneticization) with no sense of belittlement. Just to give one example of many, in 1913, the *Chinese and Western Medical Journal* (Zhong-xi Yixuebao 中西醫學報) featured an article using the title *Yisheng* (the same meaning as the Korean *ŭisaeng* 醫生) to discuss doctors' relationship with pharmacy. "Physicians' Relationship with Pharmacy," (Yisheng yu Yaoxue zhi Guanxi 醫生與藥學之關係) in *Chinese and Western Medicine Scholarly Journal* (Zhong-xi Yixuebao 中西醫學報), (August 1913): 1-4.

physicians, used the term *ŭisaeng* to describe their organization.[31] It is not convincing to state that the physicians chose to call themselves *ŭisaeng* thinking of themselves as students of medicine. *Ŭisaeng*, meaning a practicing physician, was rather a term Koreans were already using.

To think about the Regulations, examination of socio-political context may help us to better understand the implementation.

The 1913 "Physician Regulations"

Apart from the fact that the physicians continued to treat patients and to publish journals, their participation in registration has received the most attention in the historiography. As discussed above, the secondary scholarship focuses its attention on registration as a Japanese action to repress Korean people by attempting to extinguish Eastern medicine.[32] That may have been the end goal, but the 1913 Ordinance was also consistent with the overall general policies of imposing Meiji-style reforms on Korea in a top-down bureaucratic manner. Furthermore, the Japanese were drawing on policies that had been implemented in 1880's Japan and 1900's Taiwan that effectively marginalized practitioners of traditional medicine.[33] Specifically, the Governor-General in Korea,

[31] The Chosŏn Physicians' Association is a translation of *Chosŏn Ŭisaeng hoe* (朝鮮醫生會). Jung, Ji-hun 鄭智薰, "Research into academic journals of Oriental medicine in the era of Japanese imperialism," *Hanŭihaksul chapchi chungsim ŭro salp'yŏpon iljae sidae hanŭihak ŭi haksul chok kyŏnghyang* 韓醫學術雜誌를 중심으로 살펴본 日帝時代 韓醫學의 學術 的 傾向, PhD dissertation (Seoul: Kyung Hee University, 2004), 2.

[32] For a representative example, see Shin, Dong-Won, "How Four Different Political Systems Have Shaped the Modernization of Traditional Korean Medicine between 1900 and 1960," *Historia Scientarium*, 2008, 225-241.

[33] The Meiji period in Japan, named after the Emperor Meiji who was "restored" to power in 1867-1868, is known for the rapid changes driven by a bureaucracy determined to modernize all aspects of society. More than in Europe, the drive to modernization was a "top-down" revolution. See Andrew Gordon, *A Modern History of Japan: From Tokugawa Times to the Present* (Oxford: Oxford University Press, 2009) 60-137.

Terauchi Masatake (寺内正毅 1852-1919) introduced medical regulations similar to those that had already been implemented in Japan-ruled Taiwan a decade earlier that defined Western-medicine physicians as of elite status[34] As a result of the medical modernization policies consistent with Japanese colonization, the traditional healers in Taiwan were marginalized and almost disappeared. In contrast, the physicians in Korea made use of the opportunity to register, thereby claiming legitimacy and official status. Scholars' discussion of the new medical regulations is usually limited to their repressive and punitive aspects. Instead, this dissertation shows that, paradoxically, the physicians in Korea did not fade away, but, through their own efforts, survived in the new regulatory environment and thereby established the foundations for the continuation of Eastern medicine for many more decades.

Since there was no physicians' registration in Korea during the Chosŏn Dynasty (1392-1910) the new regulations can be understood as a change toward professionalization. For the first time, with state intervention in physician regulation, Korean practitioners of traditional medicine became self-aware as a newly unified body of people with shared goals and interests. Prior to the colonial period, most physicians learned medicine privately in a master-apprentice relationship. Only a small number of elite physicians trained in the Chosŏn Palace Medical Academy and thus mainly cared for the Royal Family. In addition, a small number of physicians sat for the state medical exam (*ŭigwa* 醫科), which had been in existence in various forms since the ninth

[34] For the new medical regulations in Japan, Yuki Terazawa, 2001. For the new medical regulations in Taiwan under Japanese colonial rule, see Michael Liu, 2009. By 1942, only 97 physicians were legally practicing Chinese medicine. See Ming-Cheng Lo, *Doctors within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan*, (Berkeley: University of California Press, 2002), 133.

century.[35] Most physicians and healers practiced independently in local communities and so were distant from central-state jurisdiction.[36] Change came in 1894 when the Korean government adopted Western medicine as a state endorsed form of healthcare.[37] For the first time, the state took seriously concepts such as germ theory, sanitation, and regulation of medicinal products. The small number of Western-medicine physicians, mostly North American missionaries, even obtained licenses to practice in Korea.[38] Theoretically, they had equal status with traditional-medicine physicians, but socially they were more privileged in status due to enjoying the Royal Palace's favor.

Further change came when Korea became a Japanese protectorate in 1905. In 1906, the Korean Emperor Kojong (高宗 1852-1919) and the Japanese Resident-General in Korea, Itō Hirobumi (伊藤博文 1841-1909), both made statements of intent regarding the relationship between Western medicine and traditional medicine.[39] Kojong said that the old and new could coexist as a type of integrated medicine.[40] Itō struck a more

[35] There are few sources that detail physician-patient relationships in Korea. It is likely, though, that the state credentialed physicians before the twentieth century treated mostly patients of elite status. In Chosŏn Korea, all people were designated as a member of a particular class. To be a physician was not regarded as a high status position, so even the small minority of physicians who took the state exam were middle class (*chung'in* 中人) at best. For discussion on physicians during the Chosŏn Dynasty period, Kim Namil, 2011.

[36] We have very little evidence of physicians' lives and their social relations during the Chosŏn period. There are no extant clinical case notes, except for those of the Royal Palace. Even the Royal Palace case records are limited to the King only. For example, Kim Hun 金勳, Examination of the Diseases of Chosun Dynasty's InJo (Chosŏn sidae Injo ŭi chilby'ong kwanhan koch'al 朝鮮時代 仁祖의 疾病에 관한 考察) *Korean Journal of Medical History* 18.2 (2005): 15-36.

[37] Shin Dongwon, "How Four Different Political Systems Have Shaped the Modernization of Traditional Korean Medicine between 1900 and 1960," *Historia Scientarium* 17.3 (2008): 225-241. For introduction of Western medicine in Korea, 229.

[38] For an examination of missionary doctors in Korea from the 1880s to the 1930s, see Elizabeth Underwood, *Challenged Identities: North American Missionaries in Korea, 1884 to 1934*, (Seoul: Royal Asiatic Society, 2004), 189-203. The Royal Court issued the licences.

[39] Shin, 2008, 231. Itō became the first Resident-General of Korea in 1905.

[40] Ibid.

judgemental tone by expressing the hope that Western medicine would gradually replace traditional medicine in Korea.

Before discussing further the context for the new regulations, it is important to clarify that the Government-General did not use the terms Eastern medicine or Western medicine in its official literature. Categories were named according to status and educational qualification, such as physician or public health person, not according to any term such as Eastern or Western medicine Koreans, however, commonly used the terms Eastern medicine 東醫 (lit. Eastern medicine) and Western medicine 西醫 (*soŭi*) , and less commonly old (*ku* 舊) and new (*sin* 新) medicine, during this period.

Thus, despite the popular use of the term Eastern medicine in the 1910s, the state did not explain the new Physician Regulations in terms of East or West, but rather in terms of training levels. The issue was that the Government-General deemed good medical training to include knowledge of topics such as biology and chemistry. Since entry into the professor physician category required knowledge of medical areas such as anatomy and physiology, most (though not all) the Eastern-medicine physicians, not having trained in the new sciences, entered the secondary category of practicing physician

To take a step back, it would be useful to situate the announcement of the regulations within a larger framework of analysis. Although Chosŏn was declared a Japanese protectorate in 1905, formal annexation only started in 1910 so in 1913 the process of annexation had been in operation for just three years. Although the international community did not act to prevent Japanese annexation of Korea, there was harsh criticism of the action across the globe. The Japanese colonizers justified Korean

colonization by framing it in the historical argument of ending Chinese imperialism in Korea.[41] Japan's seizure of Korea also came shortly after its colonization of Taiwan in 1895. Unlike in Taiwan, however, Korean elites in general assumed their relative superiority to the Japanese adventurers and militaristic rulers who had just ousted the Chosŏn ruling dynasty. Educated Koreans held a strong self-sense of a refined literati culture. Consequently, Japanese could not easily boast of a superior civilization to Korea, so instead relied on a narrative of Korean's inability to modernize to argue their claim to rule.[42]

The Japanese narrative of introducing modernity to Korea had a precedent in Taiwan. Michael Liu's study of Japanese colonization in Taiwan starting in 1895 shows that the new rulers placed medicine as their foremost concern.[43] After a chaotic beginning with many setbacks including financial difficulties, the Japanese rulers hoped to build healthy urban areas in Taiwan. With this aim in mind, the colonial government in 1913 published the report, "Summary of Sanitation in Taiwan" within which the German *Staatzmedizin* ("State medicine") – one of the main European models of public hygiene in the nineteenth century – was the general model for Japanese colonial health policies. The Taiwan statement declared initial success had been achieved in establishing

[41] Alexis Dudden, *Japan's Colonization of Korea: Discourse and Power* (Honolulu: University of Hawaii Press, 2005).
[42] Hilary Conroy's study discusses the general Korean attitude of superiority in terms of culture and civilization, vis-à-vis Japan. Both Korean and Japanese scholars had historically shared a sense of civilization with reference to Chinese classical texts such as those attributed to Confucius and Mencius. Fierce debates raged on interpretation, but Japanese generally conceded the continuing existence of Korean scholars' refined literary tastes and abilities. Hilary Conroy, *The Japanese Seizure of Korea, 1868-1910* (Reprint Whitefish: Literary Licencing, 2011). Also on Koreans' non-acceptance of Japanese cultural superiority, see Lee, Hong Yung, Yong Chool Ha, and Clark Sorensen eds., *Colonial Rule and Social Change in Korea, 1910-1945* (Berkeley: Center for Korean Studies Publications, 2013).
[43] Liu, 2009, 2-4.

comparable health care systems in the Japanese Empire and was significantly stated at the same time as the new physician regulations in Korea.

To further gain some perspective on Japanese Imperial attention to international affairs, it is important to note that in the 44th year of the Meiji Period (1911), the Chosŏn Government-General issued decree 140,[44] the executive order that stipulated the length of formal training necessary for medical qualification.[45] The decree stated that physicians were required to do four years of college education, midwives needed to do two years, and nurses were expected to complete one and a half years. Although not specified as such, the four-year requirement was in line with the Flexner Report recommendations of 1910 in the United States just the previous year.[46]

Although it appears that there was some coordination in Japanese colonial policy-making in the 1910s, we have no evidence on how much influence the rulers in Taiwan or Japan had on Terauchi's deliberations in Korea. Neither have scholars analyzed how Terauchi came to his decision on the new regulations in Korea. The later appellation of

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[44] *Chosŏn Government-General Record* (*Chōsen Sōtoku-fu Kanpō* 朝鮮總督府官報) (1911): 3.

[45] In 1913, the main Western medical school in Korea was the Training School attached to the Government-General Hospital (*Chosŏn ch'ongdokpu ŭiwon pusok ŭihak kangsŭpso* 朝鮮總督府附屬醫院講習所). This college admitted Koreans only until 1916, when it also admitted Japanese students and changed its name to the Kyŏngsŏng Medical Professional School (*Kyŏngsŏng Ŭihak Ch'onmun Hakkyu* 京城醫學專門學校). The second largest physician training college was the private medical school affiliated to the missionary-run Severance Hospital. Suh, 2006, 127-128

[46] Abraham, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, Carnegie Foundation Bulletin Number 4*, (New York: Carnegie Foundation, 1910). There is no evidence that Japanese officials took an interest in the Flexner Report. However, we may find commonality in that the Japanese Meiji ruling elite consciously sought to learn from German medical institutions, as did American medical schools such as Johns Hopkins University at the same time. For Japanese emulating German medicine, see Kim, Hoi-eun, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2016). Kim's book-length study describes in detail how and why Japanese physicians made Germany their model to emulate in medical education. For American medical schools, see Thomas Bonner, *American Doctors and German Universities: A Chapter in Intellectual Relations, 1870-1914* (Lincoln: University of Nebraska Press, 1963).

the "dark period" (*amhukki* 암기 暗期) for the decade from 1910-1919 is apt in the context of the reality that decisions were being made for and not by Koreans in an opaque and never explained way.[47] The Government-General was a large bureaucratic organization, the majority of whose personnel were Japanese, with Koreans in the minority. The Governor-General ruled independently of Tokyo, where there was a Diet that debated policies. Most Governors were professional military men who were assigned to govern Korea. In 1914, Terauchi was the Governor-General, responsible neither to the Japanese Cabinet nor to the Japanese Diet but rather was answerable only to the Taishō Emperor of Japan (Yoshihito 嘉仁 1879-1926). Not once, however, did the Emperor countermand a decision by the Governor-General in Korea. While laws in Japan were passed through complex negotiations in the Cabinet and Diet, the Governor-General in Korea created laws without negotiation or opposition.

Regardless of how much communication there was between Tokyo and Kyŏngsŏng (present-day Seoul), it is clear that that there was agreement on the Japanese Meiji medical system as the model, which in turn was a copy of the German medical model.[48] Set in this context, the Japanese rulers in Korea aimed to establish a system of medical regulation mostly based on a German *Staatzmedizin* model. If Taiwan was the site of phase one in overall Japanese imperial expansion, Korea was the site of phase

[47] Historians refer to the 1910s as the "dark period-*amhukki*" as the Government-General ruled by military decree, and with heavy censorship of publishing. See Michael Robinson, "Colonial Publication Policy and the Korean Nationalist Movement," chapter 9, 312-346, in Ramon Myers and Mark Peattie, eds., *The Japanese Colonial Empire, 1895-1945* (Princeton: Princeton University Press, 1984) 323. On the Government-General structure and operations, see Rew, Joung Yole, "A Study of the Government-General of Korea, with an Emphasis on the Period between 1919 and 1931," PhD Dissertation, The American University, Washington D. C., 1961, 50-51.
[48] Hoi-eun Kim, 2016.

two.[49] The 1913 decree on practitioner regulations was a statement that lessons learnt in medical governance in Taiwan meant that state regulation was also necessary in Korea. As with Taiwan, however, the new class of professor physicians typically practiced in urban areas, leaving the countryside largely unchanged in terms of medical institutions throughout the period of Japanese rule. The most important difference between the medical regulations in both Japan and Taiwan and those enacted in Korea was that there were provisions in the Korean regulations for Eastern-medicine physicians to register and thus gain a legal status.

With their new legal status, the majority of Korean Eastern-medicine physicians were able to practice at the same time as the gradual expansion in numbers of Western-medicine physicians. While Western medicine was used in Korea later than in China and Japan, it is important to note that it was not completely new to Korea either in the 1910s. Korean elites had been familiar for much of the nineteenth century with Western medicine through the circulation of Western medical texts via China and Japan.[50] There is no evidence, though, that any Koreans attempted to learn or practice Western medicine until the early twentieth century, unlike what happened in Japan and China. Before Koreans began to train in Western medicine in the 1900s, in 1885 the Korean court granted the Presbyterian missionary physician from the United States, Horace Allen

[49] See Liu, 2009 for analysis of Japanese colonial medical policies in Taiwan. The Japanese official documents on Korea, however, make no reference to experiences in Taiwan.

[50] Sonja Kim, "The Search for Health: Translating Wisaeng and Medicine during the Taehan Empire," in Kim Dong-no, John Duncan, Kim Do-hyung, eds., *Reform and Modernity in the Taehan Empire*, (Seoul: Jimoodang, 2006), 299-341.
Chinese students began to study medicine as early in the 1880s, including in Shanghai, Canton, Hong Kong and in the United States. For example, see Shing-ting Lin, "The Female Hand: The Making of Western Medicine for Women in China, 1880s-1920s," PhD dissertation, Columbia University, 2015. Also, the first President of the Republic of China in 1912, Sun Yat-sen (孫逸仙 1866-1925), graduated as a medical doctor in Hong Kong in 1892. See Bridie Andrews, 2014, 18.

(1858-1932), permission to establish the Royal Grand Benevolence Hospital (*Kwanghyewon* 廣惠院) in the capital city, renamed as Severance Hospital in 1904.[51] Following Allen's lead, dozens of North American and Australian missionary doctors went to Korea to practice Western medicine, and to train Koreans in Western medicine, both in Severance and throughout much of the country, including some rural areas.[52] Most of the missionary doctors agreed with the Government-General's position that Eastern medicine was inadequate in rational theory and lacking in treatment efficacy. As a result, they also did not object to the new regulations.[53] However, a number of the missionary physicians also proclaimed the benefits of Eastern medicine. A Texan American physician working for the Southern Methodist Churh in 1910's Kyŏngsŏng, Newton Bowman, examplifies a physician who saw Eastern medicine's value, but who also thought that it needed regulation.[54] He wrote that "Scholars of Medicine" (*ŭisaeng* 醫生)[55] were given license to practice native medicine. He described the 1913 physician decree as a "unique regulation" that served the purpose of incorporating this class of practitioners under government supervision. Paradoxically, however, he acknowledged

[51] Horace Allen, "Medical Notes," chapter XII in *Things Korean: A Collection of Sketches and Anecdotes Missionary and Diplomatic* (New York: Fleming H. Revell Company, 1908), 188-208. After the colonial period, Severance Hospital merged into the hospital known as Yonsei University Hospital. See John DiMoia, *Reconstructing Bodies: Biomedicine, Health, and Nation Building in South Korea since 1945*, (Stanford: Stanford University Press, 2013), 74.

[52] For missionary physicians in Korea, see Elizabeth Underwood, 2004, 189-203.

[53] Yeo, In-sok 여인석, The Gaze of Others: How the Western Medical Missionaries Viewed the Traditional Korean Medicine (Han mal kwa ilche sigi sŏn'gyo ŭisadul ŭi chŏnt'ong ŭihak insik kwa yŏn'gu 한말과 일제시 선교의사들의 전통의학 인식과 연구), *Korean Journal Medical History*, June 2006, 1-21.

[54] See Newton Bowman, "The History of Korean Medicine," in *Transactions of the Korea Branch of the Royal Asiatic Society* 5-9 (Seoul: The Christian Literature Society, 1915): 1-22. Bowman's reference to the Eastern-medicine physicians as scholars and practitioners illustrates that he considered them seriously as healers. (21-22). For specific details on Bowman, see Thomas Ivey, *Southern Methodist Handbook*, (Charleston: Nabu Press, 2012), 50.

[55] *Ŭisaeng* is the Korean form for *i-sei*.

that the regulation was designed to prevent the perpetuation of native medicine in Korea. The argument that Bowman's view represented was only that it should only be regulated, not destroyed.[56]

The new regulations served two main purposes. One was to build a mechanism that would enable doctors to at least operate within a recognized structure that conferred status and recognition.[57] Simply put, to attract good doctors from the Japanese homeland and to train a new generation of doctors, status needed to be clearly defined in a bureaucratic hierarchy. Second, and perhaps more importantly for the Japanese imperial project, the regulations served as a showcase of Japanese/Korean modernity to a global audience.[58] Accepting the norms of the European/North American scientific world meant as a minimum putting in place institutional frameworks of governance. Within the aim of acceptance into the global medical community, success was reached within two years of implementing the new regulations. In 1916, Victor Heiser, visited Korea as representative of the International Health Board of the Rockefeller Foundation. His purpose was to evaluate medical school education in Korea. Impressed with what he saw, a relationship was established that led to frequent Rockefeller Foundation visits to Korea for the next

[56] Yeo, 2006.

[57] For a discussion on the Japanese rationale for the doctor regulations in Korea, see Tang Erhe 湯爾和, "Diary of a Journey to the East" (*Dongyou riji* 東遊日記), *Medical Academy of China Journal* (1918): 1-38. On medical regulations in Korea, 6-7, 38.

[58] For the legal profession in Korea, see Marie Seong-hak Kim, *Law and Custom in Korea: Comparative Legal History*, (Cambridge: Cambridge University Press, 2012). A parallel may be drawn, for instance, with the establishment of the legal profession in Korea. In 1895, the first modern legal education training system was established, with the Judge Training School. When Korea became a Japanese protectorate in 1905, new decrees established the Attorney Act, the Regulations of the Bar Exams, and the Regulations of Attorney Registration. Thus, the prestige of the legal profession rose. See Kim, 2012, 129. The judicial exams were open to both Koreans and Japanese. See Kim, 2012, 159. A further parallel may be drawn with medicine in that there was also a two-tier legal system. While the Japanese colonial state introduced statutes and case law, Koreans could request to be tried and to settle disputes using customary law, actually Confucian ritual practices. See Kim, 2012, 216.

ten years, with the stated aim of supporting Japanese medical education in Korea.[59] Although the Government-General did not explain its rationale in such a fashion, the medical administrators and the community of Japanese physicians were clearly engaged with the international community and so likely responding in part to the Flexner report of 1910 that reported on the differential standards of North American medical schools.[60]

At the core, Abraham Flexner (1866-1959) successfully argued for measurable criteria that would enforce standards in medical education. Flexner's report not only designated Johns Hopkins as the model medical educational institution, but by defining medicine within a narrow definition, also helped to ensure the demise of alternative forms of medicine still popular in the United States such as homeopathy.[61] Similarly, the 1913 regulations in Korea were concerned with minimum standards of medical education. As with the diminution of homeopathy in the United States, to give one example, if the Japanese intention was to similarly herald the demise of older forms of medicine in Korea, this goal was never enforced and did not come close to succeeding as in the US example. As Flexner had nominated Johns Hopkins medicine as the standard, so did the Government-General proclaim to establish the Keijō Imperial University as the standard institution for medical education in Korea.[62] However, in the 1910s, the aim was yet to be realized. Western medicine education in Korea existed only in a few small technical schools, at a level of prestige equivalent to the technical schools of Eastern medicine.

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[59] Michael Liu, "The Legacy of Colonial Medicine in Cold War East Asia," unpublished paper presented at Johns Hopkins University, November 30, 2017, 22.
[60]Abraham Flexner, 1910.
[61] Naomi Rogers, "The Public Face of Homeopathy: Politics, the Public and Alternative Medicine in the United States, 1900-1940," in *Patients in the History of Homeopathy* (Sheffield: European Association for the History of Medicine and Health Publications, 2002), 351-372.
[62] This school was formally incorporated as the medical campus at Keijo Imperial University (Keijō Teikoku Daigaku 京城帝國大學) in 1926. See DiMoia, 2013, 37.

Thus, unlike in the United States where alternative medical practices such as Thomsonian medicine and homeopathy dramatically diminished, Eastern-medicine physicians consolidated together more as a field, continued to grow, and remained needed to serve the basic medical needs of most Koreans.[63]

Perhaps one important factor in the Eastern-medicine physicians' self-confidence as a body was the actual numbers. In 1915, for instance, registered Eastern-medicine physicians (*ŭisaeng*) outnumbered Western-medicine physicians (*ŭisa*) by a factor of thirty-two times. If the Japanese rulers intended the Eastern-medicine physicians to disappear as did Chinese-medicine physicians almost did in Taiwan in the 1890s onwards, they failed. However, by the 1910s, was Japanese official opinion beginning to see value in Eastern medicine?

Registration beginnings

In the first year of the new registration system, 5,899 practicing physicians received an accreditation license in the *ŭisaeng* category.[64] That number stayed more or less steady throughout the colonial period. The figure is not so important in determining how many people were practicing medicine, since the large majority of physicians simply did not register. There were far less registrants in the *ŭisa* category in the first year, with less than a hundred receiving accreditation.[65]

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[63] For alternative medicine in the United States, see Charles E. Rosenberg, "Alternative To What? Complementary To Whom?" in Charles Rosenberg *Our Present Complaint: American Medicine, Then and Now* (Baltimore: Johns Hopkins University Press, 2007), 113-138. Thomsonian medicine, founded by self-taught herbalist Samuel Thomson (1769-1843) enjoyed wide popularity in the United States in the nineteenth century.

[64] *Statistical Year Book of the Government-General of Korea* (Chosŏnch'ongdokpu t'onggye yŏnpo 朝鮮總督府統計報) 1914. Also see Shin Dongwon, 2008, 234.

[65] *Chosŏn Government-General Report* (1916).

Although the registrants' hometowns are listed, the Government-General records do not specify the nationality of the registrants. However, the registers show that all the *ŭisaeng* registrants had Korean or Chinese names. It is difficult to differentiate with certainty whether a name is Korean or Chinese, since the two languages share a common naming system and Chinese characters were still dominantly used in official documents. However, it is obvious that most of the *ŭisaeng* were Korean. Less obvious is how many were Chinese, since there was a substantial Chinese population in Korea at the time that remains mostly unstudied.[66] Nevertheless, the information made public in the registers was minimal, with declaration of name, province, and number completing the formal act of making the physician's clinical practice official. To show the type of information that was recorded in the register, we may look at one example of an entry for a practicing physician. Pak Jech'ang (朴齊昌), hailing from North Ch'ungch'ong province (*Ch'ungch'ongbuk-do* 忠清北道) is listed in 1917 as being accredited with a five-year *ŭisaeng* license, with license number 6178.[67]

In 1915, while there were more than 5,000 physicians registered as *ŭisaeng*, there were only 157 accredited *ŭisa*.[68] Listed as an Englishman, William Taylor was one of the

[66] An exception is Kirk Larsen, who has published a book-length study on the Chinese presence in Korea. Kirk Larsen, *Tradition, Treaties, and Trade: Qing Imperialism and Choson Korea*, 1850-1910 (Cambridge: Harvard University Asia Center, 2008).
[67] *Chosŏn Government-General Report* 31 (1917): 226.
[68] There is a significant discrepancy between sources regarding the *ŭisa* numbers. My figure of 157 comes from the *Chosŏn Government-General's Records*, which I read in the National Library of Korea in Seoul. In the record, each *ŭisa* was given a registration number, making it clear how many registrants there were. However, the Statistical Year Book of the Government-General of Korea of 1916 claims without explanation that there were nearly 1000 *ŭisa*. Furthermore, as just one example of a variant secondary source, Soyoung Suh claims there were 400 registered *ŭisa* in 1916. However, the documentary evidence shows that there were only just over 150 registrants. It is likely that Japanese Government-General officials often exaggerated the figures to claim more credit for successfully promoting Western medicine in Korea. Arguably, scholars have often literally accepted the colonial state's claims, when we need to read figures more as propaganda than fact.

first to be registered as an *ŭisa*.[69] A typical example of a month's registration activity in September 1916 further shows that the majority of *ŭisa* were Korean, followed in terms of numbers by Japanese and North Americans.[70] In that month, seven new *ŭisa* received accreditation.[71] Of these, four appear to be Korean, two were from the United States, and one was from Japan. Ch'on Dong-p'il (全東弼) of Kyŏnggi-do, Sin Il-yong (辛日鎔 1894-?) of North Chŏlla province (全羅北道), Pang Jo-ch'ang (方照昌) of Kangwŏn province (江原道), and Yi Mun-je (李門在) of Hwanghae province (黃海道) were most likely Korean.[72] Owen Robertson (?-1952) and Earl Willis Anderson (1879-?) were the Americans, and Hiragara (穎原圓) from Nagasaki (長崎) was the newly registered physician from Japan.[73]

In 1917, while more than 6,000 doctors were registered as *ŭisaeng*, there were still less than 200 *ŭisa*. To give an example of registration activity in that year, in June 1917, seven new *ŭisa* were registered, with the registration numbers 151 to 157.[74] Of the

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[69] *Chosŏn Government-General Report* 14 (1914): 843. William Taylor (?-1938) was a famous missionary physician who worked in the southern region of the Korean peninsula. He was listed as an Englishman but was most likely Australian. He was in the service of the Presbyterian Church of Victoria (Australia). He graduated from medical school at the University of Edinburgh, perhaps accounting for the confusion, even though Edinburgh is in Scotland, not England. *The Mercury*, Hobart, Tasmania, November 30, 1909.
[70] *Chosŏn Government-General Report*, 27: 668.
[71] According to Suh, there were more than 400 licensed doctors of biomedicine in Korea in 1916. 200 of these were Koreans who graduated from the Training School attached to the Government-General Hospital, 100 who had graduated from Severance Hospital Medical School, more than twenty Koreans who studied medicine in Japan, 100 physicians who were from Japan, and scores of physicians who were from the West. Suh, 2006, 128.
[72] Hwanghae means Yellow Sea. It is in present-day North Korea. Sin Il-yong graduated from the Chosŏn Government-General Medical School in 1916. In 1922 he was a key organizer of the New Life Movement in Korea. In that role, he published a critique of the patriarchy and called for a women's liberation movement. He soon became a member of the central committee of the Communist Party in Korea. He was arrested in 1931 and disappeared from the public record until he reappeared in 1946 as one of the leaders of the Korean independence movement.
[73] Moorman Robertson (aka Owen Robertson) worked as a physician in Korea from 1915-1922. Earl Anderson worked as a physician in Kyŏngsŏng and Wŏnsan (元山), in present-day North Korea from 1914-1941. See "UCLA Online Archive Korean Christianity," accessed August 16, 2018 http://koreanchristianity.cdh.ucla.edu/biographies/missionaries/
[74] *Chosŏn Government-General Gazette* 31 (1917): 227.

seven, five had Korean (or possibly Chinese) names, while two were Japanese. For example, two of the new registrants were Hwang Jŏn-su (黃鎭洙), number 191, who hailed from South P'yŏng'an province (P'yŏng'annam-do 平安南道) in present-day North Korea, and Koga Fukutarō (古賀福太郎) who is listed as coming from Fukuoka (福岡縣), Japan.

Contrary to some of the secondary scholarship that argues that the regulations were set up to exclude and marginalize Koreans per se, the evidence in the registers shows that the professor physician titles were shared among Koreans, Japanese, and North Americans. And within that *ŭisa* group, in 1917 Koreans still comprised the majority. (See Appendix 2) The issue of contention was the level of knowledge of modern Western medicine since that was the criterion that distinguished the two categories. In the 1910s, the Government-General clearly prioritized Western medicine over Eastern medicine. As Michael Liu argues, Japanese colonial rulers in Taiwan and Korea were very anxious to establish robust systems of Western medicine because they saw them as crucial to effective governance. In the 1910s, since Eastern-medicine physicians did not officially fit into the state's modernization project, the state recognized Japanese and Korean physicians who practiced Western medicine with higher social status. Thus, some physicians, of previous high-elite status were understandably insulted.

One example of an eminent physician relegated to lower *ŭisaeng* status is the elite royal court physician (*ŏŭi* 御醫) Chang Yong-jun (張容駿 1867-?). Two years after Korea became a Japanese protectorate, he was relieved of his position in the palace.[75]

[75] Kim Namil, 2011, 25.

Determined to work to ensure the relevance of Eastern medicine, in 1913 he was a key founding editor of the first Eastern-medicine journal *Hanbang Medicine World* (*Hanbang Ŭihakkye* 漢方醫學界). However, when in 1916 he registered as a *ŭisaeng* (number 867), he was listed as still living in the grounds of the royal palace in his lodge named Bamboo Mountain (*Chuksan-gun* 竹山郡) in Shallow Stone Lane (*Pansŏkpang* 盤石坊).[76] From being a royal court physician at the center of political and cultural power in Korea, Chang had newly become a second-tier practicing physician. He lodged numerous protests with the Government-General, but to no avail.[77] He also lobbied vigorously through his social networks to redress his grievance. He was already an activist in the sense that he took the initiative to begin publishing on Eastern medicine, thus setting an example for colleagues to follow. Despite scanty details, we know he was also active in teaching Eastern medicine at the college level.[78] Chang's energetic response typifies the way in which some practicing Korean physicians did not accept the demotion of Eastern-medicine physicians to secondary status.

If Korean Eastern-medicine physicians did not accept demotion, then what of Chinese and Japanese officials' views on the question? Scholars have examined registration as a Korean issue, but at the time it was also an issue with implications for both China and Japan.

Commentary from China

[76] *Chosŏn Government-General Gazette*, 14 (1916): 860.
[77] Kim Namil, 2011, 25.
[78] Ibid, 25. We do not know when and where he taught.

We see in the journals that Korean physicians published during the same period that a new regulatory system inspired by the *Staatsmedizin* model was being implemented in Korea.[79] Many articles in these journals argued for the validity of old medical theories such as the concepts of yin-yang and qi, with their origins in China. In the 1910s, however, they were not able to turn to their Chinese colleagues for inspiration or advice on how to negotiate the new regulatory environment. Just when Chinese government officials were discussing the possibility of prohibiting Chinese medicine practice, Tang Erhe (湯爾和, 1878-1940), a senior Chinese official responsible for healthcare policy, turned to Japan-ruled Korea for advice on how to manage the problem of Chinese medicine.[80] In his diary, Tang reported on his discussions with Japanese health officials in Korea while on an official inspection tour of health systems in Japan and Korea. The source provides a rare insight into private discussions between government health officials on the then politically sensitive issue of how the state should regulate traditional medicine. Missing in the history of medicine scholarship to date is any sense of the different views among officials in Japan-ruled Korea. The "Japanese" are invariably referred to as a monolithic body, with little clue as to any debate or policy formulation within bureaucratic circles.[81] Tang's diary, therefore, reveals deliberations among officials not yet written on.

[79] The physician journals are discussed in chapter 2 of this thesis.
[80] "Diary of a Journey to the East," (*Dongyou riji* 東遊日記), 1918. Zhang Meng argues that scholars have mostly concentrated on American influence on Western medicine in China, as in the example of Peking Union Medical College. Zhang's thesis is that the understudied Japanese influence on western medicine practice in China, much of it mediated through Tang Erhe, needs reassessment. Zhang Meng 张蒙，"The Establishment and Evolution of Peking University Medicine in Modern Times, 1912-1949," PhD dissertation, (Beijing: Peking University, 2018).
[81] Typical of this approach is Park Yunjae, 2008.

Tang was trained as a physician in Japan and Germany. As an elite physician, in 1912 he became the first president of the National Beijing Medical College.[82] During the 1910s, he also had a succession of senior government posts.[83] He became the Vice President of China, and the Chief of the Chinese Ministry of Education. He also had terms as the head of the Ministry of Internal Affairs and head of the Ministry of Finance. Due to the fact, however, that in 1937 he became the Chairman of the Provisional Government of the Republic of China, established under Japanese rule, and remained an official working with the Japanese rulers in China until his death in 1940, Tang is mostly remembered as a national traitor.[84]

Tang has been recently restored to historical memory, mostly by historians of medicine David Luesink and Zhang Meng.[85] For Luesink, Tang's major historical role was as a resolute critic of Chinese medicine. Together with the Western-medicine-trained physician, Yu Yunxiu (余雲岫 1879-1954), he was most responsible for strong attacks on Chinese medicine that he accused of being unscientific. Zhang Meng takes a different perspective, asking instead what role Tang played in the development of Western medicine in China from the 1910s to 1930s.

Tang's insights into Japanese officials' rationale for medical regulations in Korea provide evidence for Korean agency in healthcare. The Japanese officials conceded that

[82] Chen, Yongzhong 陳永忠, *Jiang Menglin and Peking University*, Jiang Menglin yu Beijing Daxue 將夢麟與北京大學 (Taoyuan: Independent Author, 2016), 93, 95.
[83] Zhang, Tongle, *The Puppet Regimes in the Japanese-occupied* Area *in North China* (*Huabei lunxian qu Riwei zhengquan yanjiu* 华北沦陷区日为政权研究) (Beijing: SDX Joint Publishing Company, 2012), 201.
[84] For example, see Zhang Tongle, 2012, 203. Also David Luesink, "The (mis)remembrance of Chinese medicine," chapter 6 in Howard Chiang, ed. *Historical Epistemology and the Making of Modern Chinese Medicine* (Manchester: University of Manchester Press, 2015), 160-187, esp. 167.
[85] David Luesink, "Anatomy and the Reconfiguration of Life and Death in Republican China," *The Journal of Asian Studies*, 76.4 (2017): 1009-1034. Also Zhang Meng, 2018.

they could not stop the practice of Eastern medicine in Korea, even if they had wanted to. For example, in a 1918 discussion that Tang held with an unnamed senior official from the Bureau of Health in Korea, the Japanese interlocutor opined, "Yes, *Han* medicine (*han-i* 漢醫) should be limited, but it would be a mistake to do what we did in Japan."[86] Referring to the abolition of traditional medicine as a policy mistake, he explained his reasoning, "People in Korea are used to *Han* medicine. If Korean people need it, we should not interfere."[87] He then explained that the regulations required by the 1913 decree were a good solution. During the discussion, he persuaded Tang that the Korean system would be a good solution for China. In effect, he was proposing a model of integrated medicine that would evolve according to people's needs.[88]

In the same year 1918, Tang wrote a letter to the Education Department of China recommending that China adopt the same Korean physician regulations. In summary, he wrote,

> I am writing with some hope on something that we can implement in China. The state of our healthcare systems in China is not good. The main issue is that we have not established any standards. We accept a low caliber of doctor who harms people. We don't even have a government department that looks after medicine. The police, who have neither capability nor knowledge, do medical supervision. We can't compare to

[86] Tang Erhe, "Diary of a Journey to the East," 1918, 6.
[87] Ibid.
[88] David Luesink interprets Tang as proposing stricter regulation than in Japan. For me, however, the important point is that registration of traditional medicine physicians allowed space for authorized practice and to claim legitimation. Thus, traditional medicine physicians could turn "strictness " to advantage. Luesink, David The (mis)remembrance of Chinese medicine,' in Howard Chiang, ed. *Historical Epistemology and the Making of Modern Chinese Medicine* (Manchester, University of Manchester Press, 2015).

> Korea in general. There they have achieved a level of civilization. They have also established a medical system that restricts the unqualified. In sum, in Korea they decided to keep the old (*jiu* 舊) medicine. I propose that we do the same in China. In this proposal, the old-style medicine doctors can get approval to practice.[89]

No action, however, was taken on Tang's proposal for China to adopt the Korean two-tier registration system. Since further discussion on the issue did not appear in the Chinese public records it is not known if he argued any further with his colleagues to support his plea for change. It is likely that there was much cynicism for a system that permitted traditional medicine doctors to register. Whereas Tang is described in the secondary literature as a hardened critic of Chinese medicine, the evidence shows that in 1918 at least, Tang was still willing to accept a system in which an integrated type of medicine would evolve. Tang's writings also provide an outside observer's perspective on the Korean regulations. In his diary, his main issue was the setting up of an acceptable standard of medical practice in China comparable to what the Japanese had done in Korea that "restricts the unqualified" and still keeps "the old medicine." Tang's diary also provides evidence that already by 1918 Japanese officials understood the prohibition of traditional medicine earlier in Meiji-Japan as a policy mistake, and that traditional medical practice could not be easily dismissed by legal means in the new Korean context.

Conclusion

[89] Ibid., 38.

Physicians' registration in 1910's Korea can be understood as the action of colonial rule by external Japanese forces to strengthen Western over Eastern medicine. While that was true, prior to Japanese rule, the Chosŏn royal court had already moved to privilege Western medicine. The Japanese were not the first or only people in Korea arguing for establishing Western-medicine physicians as representatives of a new modernity based on science.

Rather than unenforceable rhetoric, the new 1913-14 registration system made the clear legal delineation of Western-medicine physicians as belonging to the high elites in Korea. The Government-General sought to display to the international community its competence in creating modern institutions. At the same time, unlike in Taiwan where traditional medicine physicians almost died out, through the two-tier system, the Government-General created a mechanism that allowed Eastern-medicine physicians to practice with state sanction. Although second-tier, thousands of Eastern-medicine physicians opted to register, thus enrolling in the state system. One positive effect of the new system was that the physicians had a group identity. It was this identity, as a body of physicians with a stake in their own survival and reputation that came to the fore in the 1910s. The following chapters will examine how the self-identified Eastern-medicine physicians presented themselves to the public through their activities and their journals as a new political body. I aim to show that Korean physicians of Eastern medicine successfully organized themselves and gradually consolidated their social status in Korea.

I will also show in the following chapters their line of argumentation was not to defend themselves from, nor to discredit or disagree with Western medicine. Rather, the issue was to reinforce the efficacy and usefulness of Eastern medicine. In essence, they

argued that Eastern medicine was not simply a set of theories for clinical practices, but was a way of describing Korean people's social practices related to health and the body. Therefore, for the physicians, registration was not the most important issue per se. Rather, it was just the first stepping-stone on their longer mission to persuade their audiences of their own continuing value not only for Korea but also for the world.

Chapter Two

A New Community of Eastern-medicine Physicians: Koreans Organize for Chosŏn Medicine in Japan-ruled 1910's Korea

> In the pages of this new medical journal, the most prestigious physicians will be featured. The most outstanding physicians will also present their knowledge in articles. We will highlight medical scholars across the generations of Chosŏn history…Focusing on Chosŏn medicine, both historically and in the present, we declare enthusiastically that our audience is everyone in the world.[1]

Introduction

Out of what context did this message of Chosŏn medicine for the world come? Learned physicians in Korea who participated in the Government-General's registration process during the oppressive early period of 1910's Japanese rule still had a global vision of their place in the world. These physicians, belonging to the social group of Koreans educated mainly in Confucian academies, saw themselves as knowledge-bearers of a set of concepts that defined learned gentlemen.[2] While steeped in educational norms mostly

[1] *East-West Medical News* 1 (June 1916): 1.
[2] Kim Namil, *Crazy Chosŏn Intellectuals of Korean Medicine: Biographies of Confucian Physicians* (*Hanuihak e mich'in Chosŏnŭi Chisigindŭl: Yuŭiyŏnjŏn* 한의학에 미친 조선의 지식인들: 유의열전 儒醫列傳) (Paju: Tŭllyŏk, 2011).

based on a corpus of texts termed as Confucianism (*yuhak* 儒學), many members of this social group were also familiar with the new "Western Learning" (*sŏhak* 西學).[3] In response to a new set of strict regulations implemented by Japanese colonial rule in the 1910s, representatives of this group of learned physicians adopted new forms of organizing themselves. Most notably, they established journals in which they wrote scholarly articles and thought pieces, published articles in national newspapers, organized symposia, and participated in the registration of physicians.

Modern-day Koreans know the 1910-1919 decade as the "dark period" (*amhukki* 암기 暗期) due to strict military rule, including censorship of publications.[4] Historians remember it as a time when the Japanese Government-General used military rule to impose brutal colonial repression of the Korean people.[5] However, despite the restrictive publishing environment during the *amhukki*, Eastern-medicine physicians began to write and publish for a general audience. In the medical realm, for the first time, physicians faced the need to argue the case for Eastern medicine, which had previously been unchallenged. Since historians of medicine in Korea during this period have already described and analyzed the repression meted out by Japanese colonial rule, I ask a different question. Instead of succumbing to the inevitable hegemony of Western medicine, how did Koreans intervene in the dominant discourses of Korean weakness of

[3] Western learning was a commonly used broad category that included Western languages, Christianity, and sciences in general but more specifically Western medicine.
[4] Robinson, 1984, 323.
[5] For example, Michael Robinson, "Colonial Publication Policy and the Korean Nationalist Movement," chapter eight in Ramon Myers and Mark Peattie, eds, *The Japanese Colonial Empire, 1895-1945*, (Princeton: Princeton University Press, 1984), 312-346.

their times by highlighting their indigenous medicine as an area of valuable Eastern knowledge?

I draw on the historians Michael Liu and Iwo Amelung to highlight the agency and resourcefulness of physicians and healers in Korea during the colonial period.[6] In his study of colonial medicine in Taiwan, Liu aims to show that the Japanese colonial rulers imposing Western medicine in Taiwan produced benefits along with the costs. He shows that although many Western-medicine trained Japanese and Taiwanese doctors were agents of Japan's scientific colonialism, they were nonetheless idealists who aimed to save people's lives through medicine.[7] Also questioning the established view, Amelung interrogates how discourses of weaknesses about apparent national failings were marshaled to adopt Western sciences to generate national strength in the early-twentieth-century China.

As discussed above, historians of medicine have mostly characterized the colonial period as one of Japanese repression and Korean weakness. In framing my argument that Korean physicians were able to effectively organize themselves to establish Eastern medicine's authority, I draw on scholars' work on China and Korea that aims to complicate the simplistic binary of powerful colonizer and weak colonized. For example, in his analysis of China in the early twentieth century, Iwo Amelung argues that ideas of weakness in China, vis-à-vis the industrialized world, created a space for strong arguments for national salvation.[8] Amelung persuasively argues that many Chinese

[6] Michael Liu, *Prescribing Colonization*, 2009. Iwo Amelung, "Science and National Salvation in Early Twentieth Century in China," 2018, 1-52.
[7] Also see Lo, Ming-cheng, *Doctors within Borders*, 2002.
[8] Iwo Amelung, "Science and National Salvation in Early Twentieth Century China," in Iwo Amelung, and Sebastian Riebold, eds, *Revisiting the "Sick Man of Asia": Discourses of Weakness in Late 19th and early 20th Century China* (Frankfurt am Main: Campus Verlag, 2018).

intellectuals and politicians focused on science, embracing the use of applied technology, as the dominant discourse to save the country. Thus, by the 1930s, intellectual and political leaders enthusiastically called for a national renaissance, albeit guided by science. Amelung surveys a range of Chinese thinkers who argued for the need to mobilize resources in order to promote science, as it was broadly understood. For example, Chen Duxiu (陳獨秀 1879-1942), the intellectual and founder of the Chinese Communist Party, vehemently argued for the need to eliminate such thinking as yin yang, the five agents, and all the mantic arts.[9]

While Amelung focuses on Chinese intellectuals who sought national salvation and renaissance through science, Jing Tsu identifies literary scholars as the agents of cultural survival and attempted revitalization in China in the same period.[10] As Amelung identifies discourses of weakness, Tsu identifies widespread perceived notions of cultural humiliation and failure as strengths. She argues that failure and absence of empowerment created the conditions for reconceptualization of a strong Chinese identity. While Amelung persuasively argues for the centrality of science in seeking to build national strength in China, and Tsu argues for the centrality of literature and culture in general terms. In this dissertation, I argue that the Koreans whom I examine used a combination of culture and science to build an Eastern Medicine Renaissance. As I will discuss in the following chapters, the Korean physicians argued the validity of Eastern medicine cultural concepts, and at the same time argued for the merits of new medical scientific knowledge. The Eastern-medicine physicians accepted the challenge to debate their

[9] Ibid, 22-23.
[10] Jing Tsu, *Failure*, *Nationalism, and Literature: The Making of Modern Chinese Identity* (Stanford: Stanford University Press, 2005), 1 and 226.

position and rose to the occasion by publicizing their case by organizing conferences, writing, and publishing. Thus, in examining the Korean healers, I agree with Amelung and Tsu that weakness or failure paradoxically can be mobilized to enable the required vigor, confidence, and strength to fight back.

Such notions of transforming weakness into strength have yet to be examined in the history of medicine in Korea and China. As Amelung shows, many Chinese intellectuals identified science as key for national strength in the first half of the twentieth century. Similarly, Sean Lei argues that, in the same time period, Chinese-medicine physicians aimed to use scientific explanations to explain the body. Scholars working on Korea have also focused on the problem of scientization of traditional medicine in Korea, mostly within the frame of Korean weakness and Japanese strength.[11]

In this dissertation, however, instead of assuming that the story in Korea is similar to that in China, with its emphasis on privileging science as powerful, I argue instead that to a greater degree than that which occurred in China Koreans mobilized cultural resources such as medical theories of qi, yin yang, and the five agents to revive Korean identity.

Scholars such as Gi-wook Shin, Michael Robinson, John Duncan, Andre Schmid, and Vladimir Tikhonov, in analyses of intellectual trends in colonial-period Korea, have challenged the binary of a strong Japan and a weak Korea.[12] All of these scholars have similarly argued that Korean intellectuals and scholars, to varying degrees, exercised

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[11] Sean Hsiang-lin Lei. *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014).

[12] Gi-wook Shin and Michael Robinson, *Colonial Modernity in Korea* (Cambridge: Harvard University Press, 1999). John Duncan, "The Confucian Context of Reform," in Dong-no Kim, John Duncan, Do-hyung Kim, eds., *Reform and Modernity in the Taehan Empire* (Seoul: Jimoondang, 2006). Andre Schmid, *Korea Between Empires*, 2002). Vladimir Tikhonov, *Social Darwinism and Nationalism in Korea: the Beginnings (1880s-1910s): "Survival" as* an *Ideology of Korean Modernity* (Leiden: Brill, 2010).

their own subjectivity and were able to shape, in profound ways, knowledge production and intellectual discourse. I add to these scholars' arguments, by claiming that in the period of Japanese rule Koreans contributed to a cultural Renaissance and strengthening of Korean identity through the lens of medicine. Physicians organized to strengthen Eastern medicine, but at the same time acknowledged that they were reflecting Korean people's actual social practice of persisting with Eastern medicine in their lives, despite pressure to replace it with Western medicine. Thus, rather than being of marginal significance, I place medicine as central in Korean marshaling of cultural resources to build strength in the context of Japanese rule.

As Tsu has done for China, John Duncan has shown that, in the context of Japanese rule in Korea, many Korean scholars insisted on cultivating older cultural resources, such as literati writings, to create new knowledge. Similarly, Shin and Robinson argue that despite colonial rule, Koreans had space to reconstruct their own being. They ask that present-day scholars move away from the narrow lens that gazes backward at the colonial period as only Korean weakness. Schmid and Tikhonov also focus on Korean intellectuals' cultural strategies, many of which were created regardless of Japanese colonial rule. Schmid and Tikhonov further argue that many Koreans did not think in terms of a narrow Korean/Japanese binary, but instead understood themselves as intertwined within a broader global community. As I will show in this dissertation, Korean thinkers believed they were speaking to a global audience. While Japanese rule was the reality, instead of focusing on their apparent weakness, Koreans mobilized their cultural resources to situate Korea as important in the global community. Korean physicians of Eastern medicine used their own indigenous cultural resources, such as

concepts of qi, yin yang, and five agents, to argue their case for Korean identity. Unlike the contemporary situation in China, where Chinese medicine was "scientized," however, many Koreans believed that they were using the language of science only in order to supplement their own native ideas. In the Korean case, science was not allowed to replace or even subsume Eastern medicine beneath it in a superior-inferior hierarchy. Instead, the Koreans imagined a reinvigorated Eastern medicine integrated with science that would be greater than the sum of the parts. To achieve these aims they propagated their ideas through journals in the 1910s and also through newspaper articles, books, and radio in the 1920s and 1930s.

Mainly by examining the physicians' journals published during the 1910s, I interrogate how the physicians built their strength in negotiation with the state by adapting to the new realities of the formation of modern institutions, such as the new 1914 physicians' regulations. The new professions of Western-medicine doctors, attorneys, and so on, represented modernity and progressiveness as both Japanese and Korean ideologues defined those new categories. The old, previously amorphous unregulated group of Eastern-medicine physicians staked a claim in the 1910s not only to continue making a living through healing, but also to play a significant social role in the new Korea that was being built according to the overarching colonial program of modernization. Thus therein lay a paradox. Could a healing skill with its claim to authority in texts of some two thousand years in the past continue to claim relevance in a period when the new concepts of *wisaeng* (衛生, literally "guarding life"), by this time usually translated as public hygiene, and germ (*segyun* 細菌) theory had become key

tenets of the Japanese colonial state's ruling policies?[13] Nevertheless, even though its practitioners used the title of Eastern medicine, which decentered China as origin of their medical traditions, both Koreans and Japanese were well aware that many of the foundational texts – such as the *Inner Canon of the Yellow Emperor* (*Huangdi Neijing* 黃帝內經) and the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論) – were of Chinese origin.[14]

During the Chosŏn dynasty (朝鮮 1392-1910), the authority of texts written in Chinese was the acme of elite knowledge making, including scholarly medicine.[15] But in 1910's Korea, both Korean and Japanese elites found commonality in the project of becoming modern by decentering China in Northeast Asia.[16] The modernizers' aim was to build a Korea fit to join the ranks of so-called advanced civilized nations. Thus, modernizing intellectuals promoted Western norms and institutions, including Western medicine and not the traditional medicine as had been practiced in China, Japan, and

[13] For secondary scholarship on Japanese hygiene policies in China, see, Ruth Rogaski. *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Oakland: University of California Press, 2004).

[14] Nathan Sivin places the *Inner Canon* in about the first century BCE. This foundational set of texts by unknown authors has gone through changes over time, but remained the most influential medical publication in China and Korea. Nathan Sivin, "*Huang ti nei ching* 黃帝內經," in Michael Loewe, ed., Early Chinese Texts: A Bibliographical Guide (Berkeley: University of California Press, 1993), 196-215. Divided into two major sections, *Basic Questions* deals with diagnosis and theoretical principles while the *Spiritual Pivot* mainly discusses acupuncture. The Chinese medical text *Treatise on Cold Damage* (*Shanghan lun* 傷寒論) was compiled by Zhang Zhongjing (張仲景 150-219) sometime before 220. It is by far the most cited and analyzed text in the Korean journals *East-West Medicine News* and *Chosŏn Medicine World*. For an English translation, Ye Feng; Nigel Wiseman; Craig Mitchell, *Shang Han Lun: On Cold Damage, Translation, and Commentaries* (Taos: Paradigm Publications, 1998).

[15] The Chosŏn Kingdom lasted from 1310-1897. Korea was declared the Chosŏn Empire in 1897. Korea became a Japanese protectorate in 1905, before formal Japanese annexation in 1910. The Japanese Empire was defeated in 1945. Korea was then divided between north and south, the North under temporary Soviet rule and the South under temporary United States rule. Chosŏn was the term used during the colonial period. After 1945, North Korea continued to use the term Chosŏn, while South Korea changed to the term *Hanguk* (韓國).

[16] For a sharp analysis of Korean intellectuals' turn from classical Chinese learning to the project to decenter China, see Andre Schmid, "Decentering the Middle Kingdom and Realigning the East," chapter 2 in Schmid, "*Korea Between Empires, 1895-1919*," (New York: Columbia University Press, 2002), 55-100.

Korea. In this context, Eastern-medicine physicians consciously sought to work with both old and new knowledge. The Korean physicians of the first decade of Japanese rule represent a strand of Korean intellectuals who did not see past and present, nor East and West as binary opposites, but rather as complementary concepts. The issue at stake was not whether Korea was to deal with their weaknesses vis-à-vis Japan and Western nations by becoming more Western (for example, by embracing Western medicine) in terms of new ideas such as science, but rather how Koreans were to define their own forms of modernity.

Here I examine some of the Eastern-medicine physicians' responses to the new reality in which Western-medicine physicians achieved higher elite status. These physicians used the relatively new media of journals, advertising, and symposia to raise their own status in a newly competitive medical field. However, publishing medical journals was the most visible response with which the physicians used to argue for their own relevance. The activity evident in the journals not only shows a high level of organization without Japanese state support but also was the location where imagining, creating, and building a space for Korean-centered Eastern medicine independent of the state occurred. Finally, I examine the physicians' participation in the 1915 Kyŏngsŏng Industrial Exposition through which they claimed an important position in Korean political life. The physicians imagined their social identity through publishing journals and through organization. By going beyond the limitations of the Japanese colonial entity of Korea, the physicians understood medical relevance not only for Koreans, but also for the world.

Physicians publishing for the world

Eastern-medicine physicians in Korea began publishing journals in 1913, but the year that the Government-General gave notice that new regulations would be enforced was the following year in 1914. The presentation style, audience, theoretical content, and advertising of two of the journals published in the 1910s – *East-West Medicine News* (*Tongsŏ Ŭihakkyebo* 東西醫學報) and *Chosŏn Medicine World* (*Chosŏn Ŭihakkye* 朝鮮醫學界) – demonstrate how these physicians positioned themselves as a new political body to be reckoned with.

Korean physicians published 23 journal volumes in total during the 1910s, which were spread across four different journals from 1913 to 1919. The Chosŏn Physicians' Association published two volumes of the journal titled *Hanbang Medicine World* (*Hanbang Ŭihakkye* 漢方醫學界), one each in 1913 and 1914.[17] The All-Chosŏn Physicians' Association published two volumes of the *Eastern Medicine Mirror* (*Tongŭi Pogam* 東醫報鑑) in 1916. Subsequently, from 1916 to 1917, the new medical group calling themselves the Registered Physicians' Medical Lecture and Study Association (thus highlighting their compliance with the new physicians' regulations) published eight volumes of the *East-West Medicine News*. Demonstrating the Eastern-medicine physicians' continuing and growing vitality, a group called the Chosŏn Medicine World Association published eleven volumes of the *Chosŏn Medicine World* from 1918 to 1919.

[17] For a survey of Eastern medicine journals during the colonial period, Jung, Ji-hun 鄭智薰, "Research into academic journal of Oriental medicine in the era of Japanese imperialism," *Hanŭihaksul chapchi chungsim ŭro salp'yŏpon iljae sidae hanŭihak ŭi haksul chok kyŏnghyang* 韓醫學術雜誌를 중심으로 살펴본 日帝時代 韓醫學의 學術 的 傾向, PhD dissertation (Seoul: Kyung Hee University, 2004).

In this chapter, I mainly examine sections from the *East-West Medicine News* and the *Chosŏn Medicine World.* The authors do not explain reasons for the name change from *East-West Medicine News* to *Chosŏn Medicine World,* but they appear to be signaling a move from the tension implied in the East-West binary to the integrity of *Chosŏn Medicine* on its own terms. Nevertheless, despite difference journal titles, there is much overlap in content and orientation of the ideas within these journals. One notable difference, however, is that the *Chosŏn Medicine World* paid more attention to "cultivating life" (*yangsaeng* 養生) exercises that became popular in 1918 and 1919, which further supports the subtle shift implied in the title of promoting the world of *Chosŏn Medicine* on its own terms.

Editorial publishing activity

We know little of the journals' contributors because the *East-West Medicine News* editors and authors remained mostly anonymous. Editorials were attributed to the newspaper (*ponbo* 本報) while many articles were printed without attribution. No authors' names were mentioned, for instance, in the first five volumes. The first time readers were informed of any author's name was in volume six (1917) when they learned that the chief editor Hong Chong-ch'ol 洪鍾哲 (1852-1919) was stepping down.[18] At the handover ceremony, the new editor Cho Byŏng-gŭn 趙炳瑾 (1868-?) spoke of his and his

[18] *East-West Medicine News* 6 (1917): 1. Hong was an organizer among Eastern-medicine physicians in the early twentieth century. For example, in 1908, he was one of the organizers for symposia on Eastern medicine in Kyŏngsŏng. Apart from his organizing and editing activities, details about his life are scarce. See Kim Namil, 2011, 59, 75.

colleagues' important responsibility in working on both publishing in *East-West Medicine News* and keeping the old while developing the new.[19]

> Our guiding principle is to keep the old knowledge while simultaneously developing new knowledge. We believe in both old medicine and new medicine. For example, we still study and draw on materia medica (*ponch'o* 本草) and the *Basic Questions* (*Somun* 素問), while at the same time studying anatomy and modern pathology.[20] If Confucius were here he would have done the same as us. The combination of old medicine and new medicine is really unique.[21]

Continuing to be guided by the concept that his predecessors adopted of reaching to the knowledge of the past while developing new knowledge, Cho also invoked the authority of Confucius for affirmation of this old-new integrationist approach in the present. Despite the movement in the 1910s that Korean modernizers led to criticize Confucius, Cho conversely situated Eastern-medicine physicians as consciously linked to the past as

[19] *East-West Medicine News* 6 (1917): 1. As with Hong, little is known about Cho's life details. He was an active organizer for Eastern-medicine physicians. For example, in 1915, he was elected as a board member of the All-Chosŏn Medical Association (*Chŏn Chosŏn Ŭihoe*). It is also likely that he wrote prolifically in the journals without recording his name as the author. See Kim Namil, 2011, 77.

[20] Materia medica refers to herbal medicines, including plant products but also including mineral and animal products. *Basic Questions* is one of the two parts of the *Inner Canon of the Yellow Emperor*.

[21] *East-West Medicine News* 6 (1918): 1. Although the 1910's physicians may have been the first professional body to consciously integrate Eastern and Western medicine, there was a precedent in Japan. Hanaoka Seishu (華岡青洲 1760-1835) practiced an innovative form of medicine combining Chinese-style medicine, with its concepts of yin yang, together with Western-medicine surgery. His self-professed goal was to unite both forms of medicine into one. However, he was an unusual case in Japan. The concept of integrating Eastern and Western medicine in 1910's Korea was unique because there were thousands of physicians involved, not just one or two, and it was endorsed by the state. For Hanaoka Seishu see, Akitomo Matsuki, *Seishu Hanaoka and His Medicine-A Japanese Pioneer of Anesthesia and Surgery*, (Hirosaki: Hirosaki University Press, 2011), also Emily Bunker, *And She Felt No Pain: A Japanese Doctor, His Herbal Invention, and the First General Anesthesia in Recorded History* (Create Space Independent Publishing Platform, 2018).

well as Confucius.[22] However, despite the optimistic (and ahistorical) claim that Confucius would have advocated an integrated old and new medicine, in the same speech Cho confessed to difficulties in the recent past.

> We have been working as colleagues for ten years. We have put in great efforts, have suffered setbacks, and have rebutted criticism from opponents. Despite the problems, we have persisted. We have made such great progress that we now have six thousand comrades (*tongji* 同志) working for our news agency.[23]

In a separate note to readers, Cho also expressed contrition offering an apologetic tone.

> Readers have complained that we have been too slow to get the journal to the readers. We have been slow. I make a vow that we will be on time from now on. To make the readers happy, we cannot be late.[24]

In his writing, Cho showed to readers that he acknowledged the vicissitudes in the task of publishing a journal, one that had the aim of being a vehicle of communication and organization for physicians who had no state support. Keeping the journal financially viable thus required a high level of cooperation. Although we have little further information on the journal's operation, it is possible that the reference to six-thousand comrades pointed to the voluntarism of physicians who were available to help and contribute with a range of tasks such as securing advertising, distribution, and so on.

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[22] For Korean intellectuals attacking Confucius in the 1910s, see John Duncan, "Uses of Confucianism in Modern Korea," ch.13 in Benjamin Elman, John Duncan, and Herman Ooms, eds, *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam*, eds. (Los Angeles: University of California Press, 2002), 431-462.
[23] *East-West Medicine News* 6 (1918): 1.
[24] Ibid.

In speaking so directly to his audience about shortcomings in the editorial team's work, Cho brought a new writing style hitherto unseen in Korean medical circles. Whereas previous authors were unnamed, Cho accepted public authorship and expressed his voice as a colleague and interlocutor. While acknowledging the adversities and difficulties in the new organization of the journal, Cho nonetheless personified the physicians' optimism in the 1910s. While details are scanty, the organization of six-thousand colleagues to help with organization and distribution suggests a larger readership. That six-thousand "comrades" were active in the organization of the journal suggests a level of participation beyond the capacity of the colonial state to organize. This type of bottom-up organization also suggests that the state was less powerful than as described in the historiography.[25] It is likely that Cho built on Hong's work in editing and managing the journal. Hong Chong-ch'ol and Cho Byŏng-gŭn are not well known names in the history of medicine in Korea, but they did play significant roles in successfully arguing the case for Eastern medicine within the new journals they edited.

In 1918, soon after becoming the editor of *East-West Medicine News*, Cho Byŏng-gŭn appeared as well as the chief editor of the new journal *Chosŏn Medicine World*.[26] He announced, "I am the editor of this new journal, but our aims are the same as those of the *East-West Medicine News* – to act as a point of communication for physicians so that we can organize as a cohesive body."[27]

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[25] A typical example is Kim Namil, *Kŭnhyŏndae hanŭihak inmul silrok* 근현대 한의학 인물 실록 (Annals of personages in modern Korean medicine) (P'aju: Tosŏ ch'ulp'an, 2011). For Kim, the colonial state was powerful enough to almost destroy what he calls Korean medicine.
[26] *Chosŏn Medicine World* 1 (1918): 1.
[27] Ibid.

In 1919, a year after the change of chief editor from Hong to Cho, a meeting was held in Kyŏngsŏng to mark more than a decade of colleagues working together to organize Eastern medicine.[28] There were fifty people in attendance, including professor-physicians (*ŭisa*), practicing physicians (*ŭisaeng*), political dignitaries, and journalists. Cho gave the keynote remarks:

> In the past eleven years, we have gained a lot of organizational experience. We have endured difficulties, and absorbed insults. In response, we have refuted our critics. We have been courageous and have accumulated strength. We will continue to integrate old medicine and new medicine.[29]

Using the metaphor of Eastern medicine as a child, Cho continued:

> Our Eastern-medicine colleagues have been working together for eleven years. We can say we are aged eleven. Like an eleven-year old child, Eastern medicine is immature, needing nurturing and guidance. With our work in caring for Eastern medicine, we have made great progress. We are growing throughout all of Korea.[30]

In his remarks, Cho continued in his optimism for Eastern medicine, while again acknowledging the difficulties that he and his colleagues had encountered. Furthermore, Cho's claim of the growth of Eastern medicine throughout Korea manifested through a number of examples.

For example, in the same year 1919, the *Chosŏn Medicine World* reported that the second week-long medical symposium was held for the journal's readers in the Police

[28] *Chosŏn Medicine World* 4 (1919): 83.
[29] Ibid.
[30] Ibid.

Headquarters building in P'yŏngyang (平壤).[31] Holding the conference in the Police Headquarters illustrates a close relationship between the physicians and the police at a time when public health (*wisaeng* 衛生) work was still one of the main roles of the police.[32]

Indicating expansion of the readership beyond the cities, in the same year, Cho announced that the *Chosŏn Medicine World* had established distribution agencies in every district, including every small town in Korea.[33] Although Cho did not give a figure for how many agencies there were, his announcement suggests that Eastern-medicine physicians were located throughout Korea. "We have readers in every small town in Korea," he also wrote, which suggests it is likely that the journal served the function of communication and giving a sense of belonging to a group of "comrades" within the Chosŏn Medicine World Association. Cho also wrote that Pak Chong-sin (朴鏞臣) and Yi Gwang- jong (李光鍾) were his assistants in continuing the work of organizing the distribution agencies throughout Korea.[34] Although Cho, Pak, and Yi have been forgotten in the history, and little remains to know more about them, nonetheless they played key roles in the organization of physicians into an identifiable body of "comrades."

Thus by 1918-19, the journals show the Eastern-medicine physicians' intense organizing, writing, and clinical activity, sometimes also involving in-person symposia, with the purpose of forming a body of colleagues who were in communication with each

[31] *Chosŏn Medicine World* 4 (1919): 95. Although a person named Chŏng Gang-u (鄭康雨) was the chief organizer, I have not found any trace of Chŏng in other sources.
[32] For Japanese colonial public health policies in Tianjin in the 1900s, see Ruth Rogaski, *Hygienic Modernity*, 2004, especially Chapter Six, "Deficiency and Sovereignty: Hygienic Modernity in the Occupation of Tianjin, 1900-1902," 165-192.
[33] *Chosŏn Medicine World* 10 (1919): 77.
[34] I have not found any trace of Pak or Yi in other sources.

other. More than communication, the journals also arguably served the purpose of consolidating the Eastern-medicine physicians' position and status in Korea, as indispensable for combining old and new within the unique form of Korean medical practice. Thus, the account of the physicians' level of organization demonstrates a remarkable level of both determination and organizing ability. To have "readers in every small town in Korea" suggests a level of coordination and cohesiveness beyond the ability of the state.[35] More than only their organizing ability, the story of the *Chosŏn Medicine World* also suggests broad popularity across Korea, as well as significance in people's lives at the level of local communities.

The evidence in the physicians' journals thus suggests that they first imagined a publishing space in which they transmitted ideas in contrast to state ideology. The state had argued and even legislated to curtail the space in which Eastern-medicine physicians operated. Transforming weakness into strength, however, the physicians used the power of print to do more than imagine. They also used print to build a dense network of like-minded people throughout Korea. Important in countering Japanese discourses of Korean weakness, the dense network of physicians and supporters served to build a sense of cohesion based on a central idea-that Koreans could determine their own forms of medical practice. More than simply being a pragmatic concern, the key unifying strength lay in the articulation of an ideology rooted in Eastern cultural resources, mainly drawn from Eastern medicine, that softened the colonial state's aggressive proselytization of

[35] Kim Kwang-ok has persuasively argued that state presence was limited and often absent in rural Korea in the colonial period. He means that most people feigned a level of cooperation with the colonial police in the village, but mostly ignored the state's edicts. Kim, Kwang-ok, "Colonial Body and Indigenous Soul: Religion as contested terrain of culture." In Lee, Hong Yung, Yong Chool Ha, and Clark Sorensen, eds., *Colonial Rule and Social Change in Korea*, *1910-1945*, Berkeley: Center for Korean Studies Publications, 2013, 264-313.

Western science, which was, in turn, primarily promulgated in the form of Western medicine.

The present-day scholarship acknowledges that in the beginning of the twentieth century many Koreans saw themselves as forming a newly conceived East (*tongyang* 東洋) in racial and cultural terms. Scholars analyze some of the new groups such as religious bodies, patriotic organizations, educational associations, and newspapers.[36] Although neglected in the scholarship, the Eastern medicine physicians were most prominent in articulating a discourse that sought a form of authentic Eastern culture that reoriented Asia toward Korea and away from China. The history of medicine in Korea provides a new lens to view how Koreans envisaged a new East.

Despite the campaigns in the early 1900s to cease using Chinese writing script and to move to the Korean writing system, many scholars preferred to keep Chinese characters in their publications.[37] Some thinkers argued that to better decenter China, and to purge Chinese influence, newspapers should be in Korean writing. However, the Eastern-medicine physicians, in their publications, by keeping Chinese written characters alongside Korean phonetic script signaled that Chinese textual traditions were still important and useful. For the physicians, the East was reoriented to Korea, but China remained within the Eastern cultural orbit.

Literary style & scripts

[36] For example, Schmid, 2002.
[37] Ibid, 65-72.

The Japanese well understood that the written character in East Asia signaled more than just its literal meaning. While educated Koreans and Japanese both used Chinese script to communicate, they each also used hybrid scripts. But while Japanese officials wrote in a mix of classical Chinese characters and Japanese characters, the Eastern-medicine physicians used classical Chinese characters and Korean phonetic script in their publications. These Korean physicians signaled their own cultural identity while continuing to demonstrate their mastery of Chinese literary forms.

Not only were the journals a new genre for Eastern-medicine physicians, but also the choice of script indicated a new hybrid form of written communication with political resonances. The printing in the *Eastern Medicine Mirror*, *East-West Medicine News*, and the *Chosŏn Medicine World* used mixed Korean-Chinese script instead of classical Chinese script. Koreans began to use Korean script more widely in publishing in the late 1890s as part of the nationalist movement to decenter China.[38] Some conservative elites continued to use only Chinese script, including some physicians, such as the anti-modernist medical scholar Sŏk-kok (石谷 1855-1923), who is the subject of chapter five. The organized registered physicians, however, adopted a hybrid Korean/Chinese script in their journals, thus situating themselves with the nationalist modernizers.

The physicians' medical case records that have survived show, however, that despite using Korean script for a wide audience, Eastern-medicine physicians continued to use Chinese cursive (*ch'osŏ* 草書) and semi-cursive script (*haengsŏ* 行書) when writing prescriptions in their clinical practice.[39] That physicians continued to use Chinese

[39] Physicians wrote prescriptions in Chinese script well into the second-half of the twentieth century.

script in prescriptions indicated a lasting belief in the aesthetic qualities of Chinese calligraphic characters, with their roots in a classical civilizational past, rather than an attachment to modern China as a nation. Thus, the Eastern-medicine physicians continued to use the symbols of classical literati learning in the inner sanctum of the clinic, and in their relationships with their patients. Yet, facing the external public world, including the Japanese administration, they chose to use the new hybrid Korean/Chinese script.

Inhabiting a cultural world straddling incipient Korean nationalism and the broader Sinophone world of East Asia, the journal publishers were careful to display elegant Chinese calligraphy in clerical script (official script *yesŏ* 隸書) on each volume's title pages.[40] During the Chosŏn period (1392-1910), Korean elites aimed for status through mastery of Chinese art forms; artistic skill in writing calligraphy played an important role in demonstrating social status, which was often related to and necessary for bureaucratic advancement. Through choice of the writing form of mixed Korean-Chinese script, the physicians placed themselves in the new modern Korea, but also with

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For example, the renowned Kyŏngsŏng physician Kim Yong-hun's (金永勳 1882-1974) case notes from 1914-1974 show that he wrote prescriptions only in Chinese script. The case notes are held in the Department of Medical History in Kyung Hee University, Seoul. Also see Mu Ŭi-dang's case notes. *Mu Ŭi-dang Hanŭiwon Chinryobu* (Mu Ŭi-dang's Clinic Notes 無為堂 診療簿) (Basic Questions Academy, no date given).

[40] For a discussion on calligraphy in China in the modern context, see Richard Kraus, *Brushes with Power: Modern Politics and the Chinese Art of Calligraphy*, (Berkeley: University of California Press, 1991). Yuehping Yen, although not discussing medical cases, describes the ambiguity of Chinese calligraphy-where function meets aesthetics. Pp. 7-10. Yen Yuehping. *Calligraphy and Power in Contemporary Chinese Society*. (London: Routledge, 2005). Jean François Billeter *The Chinese Art of Writing* (New York: Rizzoli, 1990). Billeter cites a fourteenth century physician, Ou-pei i-hua, who said that writing nourishes the spirit and cures illness (168) Billeter further argues that the literati in general saw writing as a powerful healing force (168-173). Michael Knight,. "Introduction: Decoding Chinese Calligraphy. In Knight and Chang, Joseph. *Out of Character*: *Decoding Chinese Calligraphy* (San Francisco: Asian Art Museum, 2012) 17-52.

The adherence to Sinophone literary forms persists in the twenty-first century in South Korea, but not in North Korea. Peculiar to a limited few disciplines of study, including Korean Medicine, scholars print in Korean script, yet often display Chinese script on the title page and front inside sleeves.

their choice of Chinese calligraphy for journal titles they held on to the cultural authority of the older Sinophone world.

Chinese calligraphy's strength as symbol of scholarly refinement was used in conjunction with seeking wider endorsement from the world of political power. In volume three of the *East-West Medicine News*, for instance, the inner sleeve features a calligraphic ensemble of brush-written phrases and seals by the royal prince Yi Jun-yong (李埈鎔 1870-1917).[41] The words "Nourish the body, obtain longevity" (*yanghyŏng dŭksu* 養形得壽) appear in semi-cursive script (*haengsŏ* 行書). Yi's seal, denoting the authority of elite scholarly refinement of the Sinophone world and carved in official Chinese script, reads "Contentment, self-generated joy" (*chisok charak* 知足自樂). Yi signed off with his signature "Prince Yi Jun" (Yi Jun *Gong* 李埈公) in elegant calligraphy. (See far left side of Figure 1).

[41] *East-West Medicine News* 3 (1917); inside cover page. Yi was a prince of the royal family, who had been engaged in high officialdom until 1910. Upon annexation by Japan in 1910, Yi was appointed as an adviser to the Government-General with the rank of General in the Army Staff Office. Yi Sang-pae, "Strange Stories of the Eastern Learning (Tonghak) Party and Taewongun (*Tonghaktang gwa Taewongun Yisang* 동학당과 대원군이상백) in *Journal of Historical Studies*, 역사학보 17 and 18 합집, 1962.

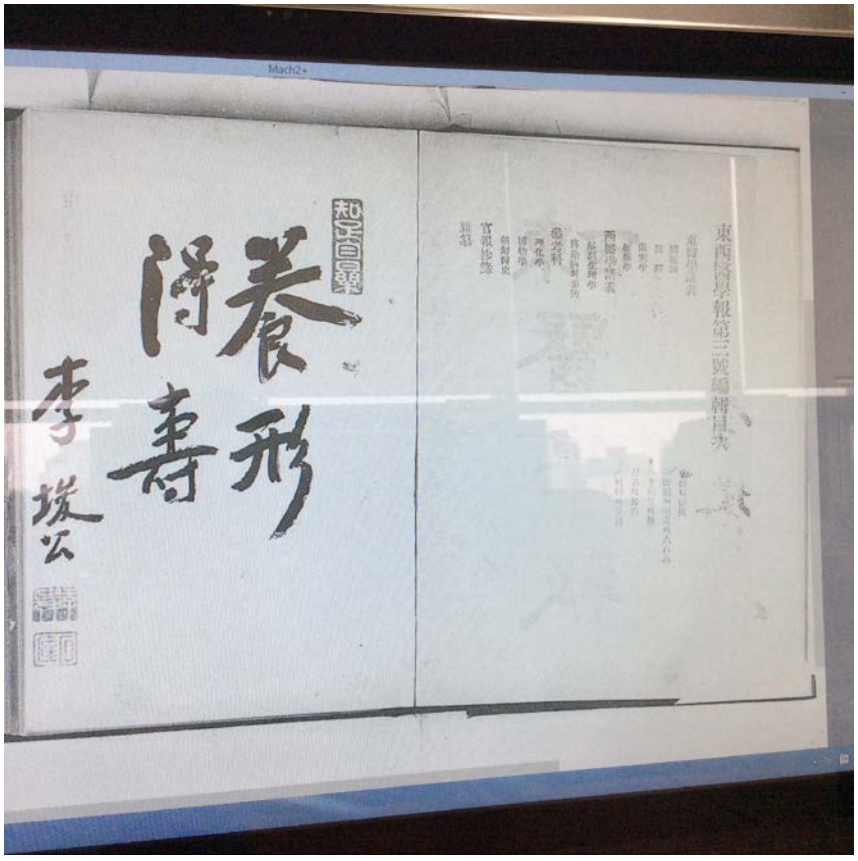

Fig. 1. “Nourish the Body, Obtain Longevity,” Prince Yi Jun, 1917.

Such royal endorsement demonstrated not only respect towards Eastern-medicine physicians, but also was in itself a significant gesture of royal support for their work and position in a modernizing Korea. Yi was still active at the highest level of elite Korean bureaucracy since he was then working with the Japanese Government-General. Reaching back to literary cultural forms of the Chosŏn period such as calligraphy that symbolized high social status also demonstrated that Eastern medicine’s cultural authority lay on a continuum from the past into the early twentieth-century present. Literary calligraphic form was one aspect of Eastern-medicine physicians’ signaling high

cultural authority. Perhaps even more significant was their range of intellectual arguments on the importance of Eastern medicine as a positive force for the world.

Medicine for the world

Korea was in its sixth year after annexation by Japan when in 1915 the first volume of the *East-West Medicine News* was published. In this context, the *East-West Medicine News* editorial expressed its claim of Chosŏn as the home of the most exalted and prestigious physicians in the world. The editorial stated, "Rule by Japan has deflated and even dented Korean confidence in its legacy of medical knowledge and meritorious practice." Nonetheless, the editorial's authors went on to declare the following:

> In the pages of this new medical journal, the most prestigious physicians will be featured. The most outstanding physicians will also present their knowledge in articles. We will highlight medical scholars across the generations of Chosŏn history.[42]

These physicians responded to Japanese discourses of weakness about Koreans' medical heritage not by turning to modern Western medicine (as the Japanese rulers promulgated to ameliorate their problems) but rather by making more visible Korea's own medical traditions. They did this on the pages of the medical journal itself through articles on exemplary Korean physicians of Eastern medicine past and present.

Having established the claim of excellence from the Chosŏn past and undiminished relevance in the present, the editors then proclaimed their target audience not as their Japanese rulers, as one might expect for that period, but rather as the

[42] *East-West Medicine News* 1 (June 1916); 1.

international community. During the previous Chosŏn period, medical and other scholars usually only addressed colleagues in Korea, China, and Japan. In the 1910s, however, Eastern-medicine physicians in Korea started seeking to engage colleagues worldwide: "Focusing on Chosŏn medicine, both historically and in the present, we declare enthusiastically that our audience is everyone in the world."[43]

The editors expressed two aspects of their professional identity. They declared the particularity of Korean medical knowledge formation and described medicine as a body of knowledge related to national prestige, thereby arguing for the unique achievements of Korean physicians. By not mentioning any relationship with China, they also decentered the old suzerain from any concern in the Korean enterprise of medical scholarship. This conceptual severance from China mirrored the political one that was the consequence of the Sino-Japanese War (1894-95) fought in Korea. The Chosŏn Kingdom's relationship with Qing China was disrupted by Imperial Japan's defeat of Qing forces in 1894 making Korea Japan's potential prize capture.[44] Qing military forces withdrew from Korea, paving the way for future Japanese rule.

However, the second point the editors made was that Korea was a nation that operated within a global context. Rebuffing the stereotype of Koreans as insular and hermetic (or dominated by others such as Qing China, Tsarist Russia, and then Meiji Japan), the editors forcefully declared instead that they have contributions to make to world culture and medical knowledge. In the context of Japanese rule, we may never

[43] Ibid. Andre Schmid has also shown that Korean intellectuals in the 1900s and 1910s understood themselves as addressing the international community in their writings. Schmid, 2002.
[44] For a detailed account of the process leading toward Japanese rule in Korea, see Kirk Larsen, *Tradition, Treaties, and Trade: Qing Imperialism and Choson Korea*, 1850-1910, (Cambridge: Harvard University Asia Center, 2008). Larsen argues that the Qing Empire's harsh imperialist policies and actions weakened Korea, thus contributing to the conditions that allowed Japan to annex Korea.

know how these Korean medical editors actually felt about their status vis-à-vis the new Japanese state, but there is little sense, in their writing at least, of the existential crisis that some historians say existed when Eastern-medicine physicians became secondary in status vis-à-vis Western-medicine physicians.[45]

Instead of discussing the physicians' own relegation to a lower "weaker" status vis-à-vis their contemporaries trained in Western medicine, the journal authors adopted a surprisingly broader global perspective. They consciously stated their intention to engage the world in intellectual conversation, while simultaneously decentering China as the historical origin of their medical heritage. By making this rhetorical move, they arguably also rendered invisible China as their former political suzerain and ignored Japan as their current colonial rulers. They would have been aware that very few non-Koreans would have been able to read their publications, but the intention appears to set out to participate in a global medical exchange, signaling a major change from the preceding insular regionalism and political subservience to China, and later to Japan possibly also foreshadowing their self-perception as an independent nation-state.[46] For the authors, the value of the Eastern-medicine physicians was not determined by the condescending views of the colonial state of their weaknesses and inferiority vis-à-vis modern medicine,

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[45] For example, Kim Nam-il 김남일, 2011, characterizes the 1910s as a time of profound crisis for Korean Medicine, Kim, Nam-il. *Kŭnhyŏndae hanŭihak inmul silrok* 근현대 한의학 인물 실록 (*Annals of personages in modern Korean medicine*) (P'aju: Tosŏ ch'ulp'an, 2011), 26.

[46] In *Korea Between Empires 1895-1919*, a study of discourse and debates among Korean public thinkers, Andre Schmid questions much of the scholarship that has emphasized the disruptive effects of nationalism and that emphasizes a clash between the pre-modern and modern. Scholars working on the history of medicine in Korea often emphasize the epistemic violence of capitalist modernity. While Schmid is not critiquing historians of medicine, he does argue that scholars have overstated the pre-modern/modern binary. Schmid also shows that Korean nationalist scholars took to the new medium of print publishing to decenter China, to reorient East Asia by bringing Korea to a central position, and to glorify and exalt a lost Korean past. Furthermore, Schmid convincingly shows that Korean intellectuals and Korean institutions had already consciously decided to join the international community before the beginning of Japanese rule. In short, he argues that Koreans were already building modern institutions before Japanese intervention.

but rather by the views of a wider range of people in Korea and potentially even around the world. Arguably, the Koreans were reaching beyond the Japanese to engage the global community, with medicine as an important medium to do so. The Eastern-medicine physicians understood their medicine as rooted in knowledge from the past by also as one that drew on some aspects of Western medicine.

Incipient medical bilingualism

As the *Eastern Medicine Mirror, East-West Medicine News*, and the *Chosŏn Medicine World* were written by and for Eastern-medicine physicians, the large proportion of clinical content meant that physicians could use them in their clinics as desktop references. Articles were arranged according to clinical disease topics, the three most occurring categories being infectious disease, cold damage, and internal medicine. Apart from those topics, although the authors discussed a wide range of clinical topics such as external injuries, gynecology, and pediatrics, the authors published in these journals referred most to Zhang Zhongjing's (張仲景 150-219) *Treatise on Cold Damage* (*Shanghan lun* 傷寒論 c. 220).[47] Although the range of medical topics suggested an eclectic approach to Eastern medicine, with a range of authors with differing approaches, nonetheless the overarching guiding assumption was that physicians follow the Cold-Damage style of medicine.[48]

[47] Ye Feng, Nigel Wiseman, Craig Mitchell, *Shang Han Lun: On Cold Damage, Translation, and Commentaries* (Taos: Paradigm Publications, 1998). Greta Young Jie De and Robin Marchment, *Shang Han Lun Explained: A Guided Tour of an Ancient Classic Text Written by Zhang Zhong Jing in 200 AD and Its Modern Clinical Applications* (Chatswood: Elsevier Australia, 2009).

[48] Soyoung Suh makes the important argument that physicians in Korea in the early twentieth century aimed for new interpretations of the *Treatise on Cold Damage* to form an indigenous style of medicine. Soyoung Suh, "*Shanghanlun* in Korea, 1610-1945," *Asian Medicine* 8 (2015): 423-457.

Building on concepts in the *Inner Canon of the Yellow Emperor* such as causes of disease being due to pathogenic factors, during the Eastern Han (*Donghan* 東漢 25-220) period in China, Zhang Zhongjing analyzed the multiple complex possible configurations of the body when subject to pathogens from the external environment. While the *Inner Canon* was rich in medical theory, the *Treatise on Cold Damage* was much more focused on clinical applications regarding both diagnosis and treatment.[49] Building on the *Inner Canon*, *The Treatise on Cold Damage* proposed that external pathogenic factors, including cold, invaded the body to cause disease.[50] The pathogenic factors would then affect various parts of the six channels. The text describes the multiple manifestations of complex symptoms to decide on where in the body the pathogen was located. In sum, Zhang proposed in detail how pathogens such as cold, in combination with other external pathogens in varying degrees, could be removed from the body through precise selection of herbal remedies in complex prescriptions. One of the common treatment methods was to expel the pathogens through sweating. However, the physician needed to first analyze the nature of the patient's already existing condition of sweating to make a precise diagnosis. For example, a discussion in *Eastern Medicine Mirror* analyzes some of the methods for expelling external pathogens from the body.[51]

> One of the most common methods is prescribing diaphoretic herbs. However, we need to make a careful diagnosis to determine the exact location of the pathogen in the body. Most important is to assess the comparable proportion of cold and heat in the body, and their respective

[49] Marta Hanson, *Speaking of Epidemics: Disease and the Geographical Imagination in Late Imperial China* (London: Routledge, 2011), 12.
[50] Ibid, p.10.
[51] *Eastern Medicine Mirror*, *Tongŭi Pogam* 東醫報鑑 2 (1916): 13.

locations. Likewise, we need to determine the level of sweating and the parts of the body that are sweating.[52]

The context in this passage concerns the question of whether Eastern medicine was useful for infectious disease. The author's argument here was that precise diagnosis of the location of the external pathogen, possibly cold or heat, would make possible accurate prescription of herbs according to the case. Or, as another author explained, "We accept Western medicine disease analysis, but in the clinic we apply our Eastern medical concepts."[53] Arguably, the author meant that Western medicine diagnosis helped to inform the physician of the patient's condition. Having understood the diagnosis, the physician would nevertheless prioritize the Eastern-medicine diagnosis over the Western medical concept.

However, the journal authors did not reject Western medicine, but rather drew on a dual conceptual understanding. As with many discussions on pathology and specific diseases throughout the volumes of all the journals, the authors integrate Western and Eastern medical concepts. For the purpose of analysis, we may say that the physicians' seemingly comfortable alternating between the two concepts demonstrates a form of medical bilingualism.

The historian Sean Lei's analysis of China arguably provides a counter-example to the professed comfort in Korea with the coexistence of the two concepts. Lei shows that in 1920's and 1930's China, Chinese medicine physicians grappled with the anxiety caused by apparent incommensurability between some Chinese medical concepts and some Western medical concepts. However, Eastern-medicine physicians in Korea, as

[52] Ibid.
[53] *Chosŏn Medicine World* 8 (1919): 25.

discussed in this section and in chapter four, displayed little apparent anxiety with incommensurability, but instead argued for the validity of both systems operating in tandem. Marta Hanson calls medical bilingualism the ability not only to read in two different medical languages, but also to understand their historical and conceptual differences.[54] Thus, in "accepting Western medicine disease analysis," while at the same time applying "Eastern medical concepts," the Korean Eastern-medicine physicians were arguably practicing medical bilingualism.

For example, a discussion of Cold Damage claims that the theories of the past can be corroborated by modern chemistry. The author reasons that chemistry explains the traditional concepts of generation, production, and transformation of *qi*.[55]

> In Eastern medical theory, we may take the example of *T'aeyang* (lit. greater yang 太陽) syndrome from Cold Damage theory.[56] If a patient has *T'aeyang* syndrome, they have maximum yang. With such an extremity of yang, the Heavenly yang consumes the Earthly yin in the form of water. With yang consuming water, the patient's condition will thus transform from excess to deficiency. We can trace this transformation by feeling the patient's pulse.[57]

To interpret the theorization in this passage, it is most important to know that yang corresponded with fire, and yin corresponded with water. Fire in the body may manifest

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[54] Marta Hanson, "Is the 2015 Nobel Prize a turning point for Chinese Medicine?" *The Conversation*, October 5, 2015. https://theconversation.com/is-the-2015-nobel-prize-a-turning-point-for-traditional-chinese-medicine-48643
Accessed December 31, 2018.
[55] *East-West Medicine News* 2 (1916): 35.
[56] According to Cold Damage theory, in Taiyang syndrome, the disease is located on the exterior of the body, with the external pathogen having just entered. Thus, the exterior location corresponds to yang.
[57] *East-West Medicine News* 2 (1916): 35.

in numerous ways, but a feeling of heat is a common example. In the case of *T'aeyang*, as it corresponds to maximum yang, there may be an intense feeling of heat that rises to the head and affects the body surfaces, as in the skin and muscles. Furthermore, yang corresponded to excess and yin to deficiency. In the case of *T'aeyang*, extreme heat consumes water, and since water is necessary in the body, with water's diminishment, the person's body weakens, which means the person becomes deficient. The physician would then "intervene with herbal prescriptions to rebalance the fire (yang) and water (yin)."[58]

Having explained an aspect of Eastern medical theory, the author then made a comparison with Western medical theory.

> In Western chemistry, we know that air contains water. We know that fire evaporates water. Also, we can produce hydropower through heating water. Thus humans can work with the relationship of heat and water to produce energy. We can do it mechanically. However, this phenomenon resonates with the relationship of Heavenly Fire and Earthly Water in the human body. Heat transforms water, and also consumes energy.[59]

Here, the author argued that Western scientists, who harnessed the study of the properties of substances and how they interact with each other to create energy, were expressing ideas familiar to Eastern-medicine physicians. According to the author, Eastern medical concepts based on the physician's careful balancing of yin-yang in the human body, and manifested through the five agents, were concerned with the management of energy, in the form of qi. In short, both East and West shared the concept of the importance of the interrelationship of fire and water in explaining energy. The author did not claim

[58] Ibid.
[59] Ibid.

equivalence of East and West, but argued there was complementarity in using similar concepts to explain the workings of the human body on the Eastern medicine side and in chemistry on the side of Western science. Thus, unlike the Chinese-medicine physicians who aimed to "scientize" their medicine by incorporating Western science in China during roughly the same period, the Korean authors believed that science, in fact, validated their own medical ideas.

The journals show that the Eastern-medicine physicians interpreted Western science to valorize their own medicine, and to justify the insistence on continuing to use their own terminology such as the concepts of qi, yin-yang, five agents, and so on. The historian Adrian Wilson's analysis of the historicity of disease concepts helps in considering the problematic of using modern science to understand diseases of the past.[60] In his study of pleurisy, he identifies two methodological approaches among historians of medicine who analyze diseases: 1. The *historicalist-conceptualist* approach considers disease concepts as objects of historical study. In this approach, disease changes meaning over time according to socio-historical context. 2. The *naturalist-realist* approach excludes disease concepts from historical investigation since it considers modern disease concepts as the mirror of natural reality. This means that the modern disease concept is extended backwards in time, and is conceived as an unchanging discrete entity. Randall Packard, in his study of a disease outbreak in Philadelphia in 1780, adds to the debate on the historicity of disease concepts by declaring that both approaches are attractive and important to follow in historical scholarship. He argues that the different framing of questions results in different answers that combined together contribute to a more

[60] Adrian Wilson, "On the History of Disease-Concepts: The Case of Pleurisy," in *History of Science*, xxxviii (2000): 271-319.

complete historical understanding of epidemics and human responses to them.[61] In this dissertation, I mostly take the *historicalist-conceptualist* approach, but, following Packard, also see the value in the *naturalist-realist approach*. The *historicalist-conceptualist* approach helps scholars to take seriously the Korean authors on their own terms, but it is also useful to accept their use of Western disease concepts in their integrated East-West approach to medical reasoning at that time.

To further examine the approach of integrating Western medical concepts with Eastern medical ones, it would help to discuss the authors' general intellectual orientation. *East-West Medicine News*, in Volume one, begins as follows: in line with the articulation of the journal as not only a resource for intellectual debate, but also as practically useful, following the opening editorial statement, the preface states that the main purpose of the journal is to strengthen clinical skills, to disseminate medical knowledge, and to pass this knowledge on to medical successors so as to benefit people.[62]

In this exhortation to a higher moral purpose, such sentiments are redolent of Chosŏn period language professing charity and compassion as essential in the practice of medicine.[63] By asking physicians to be individual agents responsible for training successors, medical lineages continued as the desired vehicle through which continuity was to be transmitted. Such a mode of transmission differs from state-policy positions that emphasized instead duty to the nation and the state.

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[61] Randall Packard, " 'Break-Bone' Fever in Philadelphia, 1780: Reflections on the History of Disease," in *Bulletin of the History of Medicine* 90.2 (Summer 2016).
[62] *East-West Medicine News* 1 (1916): 1.
[63] For an example of a Chosŏn period medical text see Hŏ Chun, *Treasured Mirror of Eastern Medicine*, *Tongŭi pogam* 東醫寶鑑.

Following the general-policy editorial, the following section in the journal explains the type of content readers will find in this first Volume.[64] Aiming for comprehensive coverage of the broad field of Eastern medicine, there are articles on external medicine, acupuncture, diagnosis and treatment of discrete disease categories, and herbal medicine.[65]

Two representative examples can help to illustrate the type of reasoning that the physicians employed in attempting to integrate Eastern and Western medical ideas underneath the essentially Eastern-medicine umbrella. First, in an article titled "Discussion on Blood Diseases," the author focuses on hematemesis (vomiting blood).[66]

> Western medicine explains the physiological and chemical reasons for hematemesis. We accept this type of analysis, and agree it is useful. However, in our clinical practice we still apply our Eastern medical concepts. For example, we will diagnose whether the hematemesis is caused by, for example, liver wood attacking the stomach, or an issue with turbidity (*t'ak* 濁) and overcoming the clear qi (*ch'ŏngki* 清氣). Or if the patient has a headache, it might be a lesser yang (*soyang* 少陽) problem. In that case, there would be a liver fire problem. We [then would] need to give therapy to clear wind.[67]

This representative passage demonstrates that the authors were thinking in terms of the individual patient's overall condition, rather than only a symptom or a disease. The discussion here clarifies that Eastern medicine physicians prioritized individualized

[64] *East-West Medicine News* 1 (1916): 2.
[65] Ibid.
[66] *Chosŏn Medicine World* 8 (1919): 25.
[67] Ibid, 25.

diagnosis over the mechanical phenomenon of bleeding. The cause of bleeding is attributed to a patient's particular imbalance of qi and among the five agents of wood, fire, earth, metal, and water. The healing approach, therefore, is to rebalance the individual patient's qi rather than to simply stop the bleeding. In the example of the patient with a headache, the author suggests that the physician needs to refine his or her diagnosis to ascertain the cause. For example, in the five agents concept, a lesser yang syndrome corresponds to the liver area and so in turn wood and wind. In this conceptual system, therefore, wind as a pathogenic factor is considered to have caused the headache. The physician would then prescribe a treatment to clear wind from the patient's body and thereby also clear the headache. The second example is a discussion on "wasting and thirsting" (*sogal* 消渴).[68]

> In Western medicine there is an identified disease called diabetes (*t'angbyŏng* 糖病). We accept this concept. However, we believe that Eastern medicine has the best therapy. For example, we prescribe herbs such as magnolia berries (*omija* 五味子) and ophiopogonis (*maekmundong* 麥門冬). Also, Bamboo Leaf and Gypsum Decoction (*Chukyŏpsŏkkot'ang* 竹葉石膏湯) is an excellent prescription for wasting and thirsting.[69]

[68] *Chosŏn Medicine World* 8 (1919): 19.

[69] Bamboo Leaf and Gypsum Decoction contains bamboo leaves, gypsum, ginseng (*insam* 人參), ophiopogonis, pinellia rhizome (*panha* 半夏), licorice (*kamch'o* 甘草), and rice. This prescription is from Zhang Zhongjing's *Treatise on Cold Damage.* The main reasoning behind this prescription is to treat dryness by replenishing fluids. At the same time it strengthens qi. See Hŏ Chun, *Treasured Mirror of Eastern Medicine* (Seoul: Korean Ministry of Health and Welfare, 2013) vol. 3, 1834.
For analysis, see Volker Scheid, Dan Bensky, Andrew Ellis, Randall Barolet, *Chinese Herbal Medicine Formulas and Strategies*, 2nd edition (Seattle: Eastland Press, 2015), 155-157.

In sum, the overarching argument in the above examples is that Western medical concepts, such as physiology and biochemistry, have merit and should be understood. However, Eastern medical concepts, in terms of diagnosis and therapy, are the most efficacious. The author insists that older concepts such as the turbid and clear *qi* continue to be used as concepts in diagnosis.[70]

The term used by Eastern-medicine physicians, "wasting and thirsting" refers to a condition where the patient suffers from significant loss of weight in conjunction with unquenchable thirst. The author also refers to the Western disease concept of diabetes, suggesting a one-to-one correspondence between the two terms.[71] Whereas diabetes involved pathology of the endocrine system related to an imbalance in newly measurable blood sugar levels, the Korean disease pattern of "wasting and thirsting" was diagnosed through the two primary symptoms. Even though conceptualized differently, there was clear overlap between the two disease concepts, since a typical diabetic patient also suffers from weight loss and excessive thirst. Since not until 1921 could Western medicine physicians offer insulin for diabetic patients, the author's claim in 1916 of Eastern medicine's superiority for this condition most likely had a concrete basis from clinical experience in the absence of anything more effective from Western medical options in the same period. At the time of writing, Bamboo Leaf and Gypsum Decoction was an example of an efficacious therapy for a patient presenting with a "wasting and thirsting" pattern. In this early twentieth-century context, the Eastern-medicine physicians did not accept assessments about the inferiority of their own medical

[70] Turbid means that the qi is muddy or unclear, and thus needs to be made clear.
[71] Chris Feudtner, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness* (Chapel Hill: University of North Carolina Press, 2003), 6-8.

knowledge. The diabetes/wasting and thirsting example above illustrates one way in which Western-medicine physicians' claims of superiority did not convince contemporary Eastern-medicine physicians.[72]

Having analyzed some of the differences in approach to disease concepts, the Eastern-medicine physicians also questioned Western-medicine physicians' assumption of the superiority of using instruments in making diagnoses. A representative editorial summarizes the overall thinking regarding comparative methods of diagnosis.[73] The editor began by asking whether physicians needed to change their diagnostic methods.

> Nothing surpasses the four diagnostic methods of looking *(mang* 望*),* listening [and smelling] (*mun* 聞), asking (*mun* 問*),* and feeling the pulse (*ch'e* 切) in subtlety and refinement. Of the four methods, the last-pulse diagnosis (*ch'e maek* 切脈) is the most crucial… We should continue with that method. But now we have immature (*yŏnso* 年少) Western medicine with its cellular biology, germ theory, and its emphasis on physical anatomy. Western medicine has the concept of relying on instruments to make diagnoses. It's actually not that much different to our four methods.

[72] Although the following case was written twenty years earlier in 1895, it nevertheless provides one example from a patient's perspective of Western medicine and Eastern medicine working together. An editor of the *Korean Repository* inserted a note in the 1895 volume of the annals of the American missionaries in Korea, "A Korean suffering from opthalmia applied to a foreign physician and was given a proper eye lotion. While using this a friend advised him to have a native practitioner puncture with a needle the space between the roots of the thumb and the forefinger of each hand…He did so, wisely keeping on with the eye-lotion as well. He got better and then ascribed his cure to the acupuncture." Readers may notice the use of the words "proper" and "wisely" in reference to the presumably Western medicine lotion. The location referred to on the hand is a very common acupuncture point that practitioners use for eye conditions. Presumably, the note was printed as an amusing or strange event, but for Koreans, acupuncture on the hand for eye problems was considered the norm. However, the anecdote demonstrates a case of Korean willingness to use medicines from different systems. *The Korean Repository*, Volume II, January-December 1895 (New York; Paragon Reprint, 1964), 160.

[73] *East-West Medicine News*, 8 (1917): 1.

> Western medicine has a very similar approach, with looking (*si* 視), listening (*ch'ŏng* 聽), smelling, and percussing. The difference is the reliance on instruments, such as the thermometer, the stethoscope, and the microscope. In Western medicine, there is still the emphasis on seeking observable signs, as we do. But here, we should accept the merits and convenience in using instruments. For example, it is useful if we identify bacteria through a microscope. Such instruments are cheap. While using our diagnostic methods, we should also use instruments such as stethoscopes.[74]

The argument here is on the effectiveness of the traditional four methods of diagnosis – namely, 1) looking, 2) listening and smelling, 3) asking, and 4) feeling the pulse – while supplementing with Western instruments when they are useful. The author argues that Western medical diagnostic instruments have their merits such as the stethoscope for percussion and the microscope for identifying bacteria. However, these new medical instruments are more or less aids that are not able to reach the accuracy of "the most crucial" pulse diagnosis and the four diagnostic methods as a whole.

Having accepted that there are differences in diagnostic methods between Eastern and Western medicine as well as in use of new diagnostic instruments, it is important to note that the authors recognized similarities between the two medical systems. The passage above states, for instance, "It's actually not that much different to our four methods. Western medicine has a very similar approach, with looking (*si* 視), listening (*ch'ŏng* 聽), probing (with instruments) (*t'a* 打), and touching (*ch'ok* 觸)."

[74] *East-West Medicine News* 8 (1917): 1.

The issue here was that the traditional four methods of diagnosis measure different things than did instruments. The four methods ascertain qualities such as qi and the five agents. Specifically, physicians felt the pulse to ascertain many aspects of a patient that Western medical instruments could not detect. For example, the pulse could give information on all parts of the body, and on many parameters of the body's function.[75] For example, by feeling the pulse, a skilled physician could detect a urinary problem, a lung problem, and a headache all at once. The reasoning was that the physician could feel many permutations of the patient's qi, by judging the pulse qualities. Instruments, on the other hand measured specific parts of the body, such as stethoscopes for lungs. Demonstrating medical bilingualism in practice, however, the physicians in Korea argued for both methods' benefits.

While arguing for Eastern medicine's relevance and clinical effectiveness, the physicians perceived similarities with Western medicine in the 1910s but also drew on their own historical imagining to position Eastern medicine as part of a world medicine. Thus, the Korean physicians of Eastern medicine pointedly avoided acknowledging the Japanese as responsible for introducing Western medicine to Korea. After all, as the physicians pointed out, what they imagined as the East and the West were historically connected with regards to knowledge flows.

Four Representations medicine

In another editorial, for instance, the authors explain some common historical roots that place Eastern medicine, in some respects, as historically connected with Western

[75] For detailed analysis of Chinese-medicine physicians using the four diagnostic methods, see Shigehisa Kuriyama, *The Expressiveness of the Body* (New York: Zone Books, 1999).

medicine.[76] In discussing links between the East and the West, the author claimed that Four Representations (*Sasang* 四象) medicine, then newly popular in Korea in the 1910s, drew on influences from Buddhist medicine (*pulŭi* 佛醫) and bore similarities with Middle-Eastern medicine (*chongdongŭi* 中東醫). In this imagining of Four Representations Medicine, Koreans intended to reach out to the international community. They situated an ostensibly Korean form of medicine as actually a part of the history of world medicine. The message was that medicine in Korea was historically connected to the world, which they traced from ancient Greece to Buddhist medicine and then to Korea.

The physician Yi Je-ma 李濟馬 (1838-1900) wrote the medical book *Eastern Medicine for Prolonging the World and Preserving People* (Tongŭi Susebowŏn 東醫壽世保元 in 1894) in which he proposed the Four Representations as more important in diagnosis than the established concept of the five agents.[77] In the 1910s, physicians in Korea gave the title Four Representations medicine to Yi Je-ma's newly popular medical style. There is no suggestion in Yi Je-ma's writings that he wrote his

[76] *East-West Medicine News* 1 (1916): 1.

[77] Yoo, Junghee; Euiju Lee; Chungmi Kim; Junhee Lee; and Lao Lixing solve the problem by calling it Sasang Constitutional Medicine. "Sasang Constitutional Medicine and Traditional Chinese Medicine: A Comparative Overview," in *Evidence-Based Complementary and Alternative Medicine*," Volume X, 2012, 1-17. For an English translation, Gary Wagman, *The Essential Teachings of Sasang Medicine: An Annotated Translation of Lee Je-ma's Dongeui Susei Bowon* (London: Singing Dragon, 2018). For analysis of Yi's work see Kiebok Yi, "Yi Chema and the Psychosocial Body in Late Nineteenth Century Korea," in *East Asian Science, Technology, and Medicine* 47 (2018): 55-92.
[77] By constitution, these scholars mean body types. Soo Jin Lee, Soo Hyun Park, and Han Chae (December 2012), "Temperament profiles of Sasang typology in a child clinical sample," *Integrative Medicine Research* 1.1 (December 2012): 21–25. Elsevier. Han Chae, "The multidisciplinary study on Sasang typology," *Integrative Medicine Research*, 4.1, (March 2015): 1–3. Kyungwoo Sohn, Ansuk Jeong, Miyoung Yoon, Sunkyung Lee, Sangmoon Hwang, and Han Chae (December 2012) "Genetic Characteristics of Sasang Typology: A Systematic Review," *Journal of Acupuncture and Meridian Studies* 5.6 (December 2012): 271–289.

medical texts to situate medicine in Korea in a global context. However, just a decade after his death, Yi had been reimagined as a common denominator of medical origins west of Korea on the Eurasian continent. Furthermore, according to the Korean authors of the 1910s, Korean interpretations of global medicine, such as Four Representations medicine, would benefit the world. However, modern-day scholars have ignored this context of Four Representations medicine as performing a role of connecting Eastern medicine with the world.

Most scholars use the term *sasang* medicine and then explain the meaning as four constitutions.[78] Yi Kiebok is an exception to this approach as he translates the term as fourfold imaging and as the four figures. As the question of how to translate *sasang* is not settled, I choose to translate it as Four Representations.[79] Yi Je-ma drew on the *Book of Changes* (*Yijing*) hexagrams in devising his new medical term of *sasang*.[80] Yi Je-ma argued that people can be characterized by where they fit on the spectrum of four typologies – Greater yang (*Tae Yang* 太陽), Lesser yang (*So Yang* 少陽), Greater yin (*Tae Ŭm* 太陰), and Lesser yin (*So Ŭm* 少陰) – all of which were described in the *Book of Changes*.[81] The *sang* (象) of the *Book of Changes* were fluid representations of various permutations of hexagrams, expressing various configurations of yin and yang, and the five agents – wood, fire, earth, metal and water. For me, it thus follows that *sang* as Constitution does not satisfy as an interpretation. It is likely that modern-day scholars

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[79] As an example of the multivalence of the term, in Buddhist literature, *sang* is a metaphor for majestic or commanding qualities.
[80] Yi Kiebok, 2018.
[81] The importance of the *Book of Changes* in Korea can be seen in the fact that the current flag of the Republic of Korea (South Korea) consists of trigrams from the text, together with the yin yang symbol. Very few studies have been done on the *Book of Changes* in Korea. An initial study has been done by Wai-ming Ng, "The I Ching in Late-Choson Thought," in *Korean Studies* 24 (2000): 53-68.

who use the word constitution are attempting to fit *sang* into a modernist framework that can be understood mechanically.[82] However, Yi's key point, often overlooked in modern interpretations is the fluid nature of the four typologies. The very word "change" is significant here. For Yi, drawing on the *Book of Changes*, boundaries were blurred and certainly not fixed. According to the norms of Korean educated elites, the *Book of Changes* was one of the five Confucian classic texts that were required reading for scholars.[83] The editorial authors make a connection between Four Representations medicine as drawing on both Confucianism in Chinese antiquity and what they called the "Four Greats" (Four Elements) of Greek antiquity. Thus, unique among East Asians, with both Chinese and Japanese placing little emphasis on a quadratic model in the 1910s, the Koreans and their medicine are presented as sharing similar guiding principles with medicine from the West, albeit mediated through the Middle East and India. The point is important because Koreans could make a claim that they preserved Confucian principles in medicine (the hexagrams), that in some respect foreshadowed some Western medicine innovations. The example the authors chose to illustrate their argument was the concept of the gene.

The editorial authors began by foregrounding their discussion on Four Representations Medicine (*sasang* 四象) with the Western medical concept of genes: "Now we know that disease depends on genes." After explaining that the foundation of "our medicine" is the *Yellow Emperor*, with its concepts of yin-yang, the five agents, the seven emotions, *qi*, and blood, they stated that "Confucianism (*yu* 儒) spoke about genes

[82] See Yi Kiebok, 2018, 56-57.
[83] Nylan, 2001.

in people." It is not clear in what way they meant that Confucianism spoke about genes, but a reference to the term "character" (*sŏng* 性), probably means that the author equated the Korean term *sŏng* for "character" to the new Western meaning of genes as the means for transmitting heritable qualities. They thus argued that the gene was not actually a completely new concept, but rather an old concept understood as inheriting an individual character. They continued in the editorial to discuss the idea of convergence of ideas between Eastern medicine and from medical traditions beyond China:

> After the Tang (唐 618-907), medicine used the concept of the Four Greats (*sad'ae* 四大) - earth, fire, wind, and water.[84] The concept of the Four Greats originated in Greece.[85] In turn, the concept was transmitted to India. From there, religious healing (*chonggyoŭi* 宗教醫) in the form of Buddhist medicine (*Pulŭi* 佛醫) was then transmitted to the East. The concept of the Four Greats was most clearly incorporated into Eastern medicine with Yi Je-ma's (李濟馬 1838-1900) Four Representations (*Sasang*) medical concept. Such transmission of medical knowledge places Eastern medicine as parallel with Middle-Eastern medicine. Western medicine was humoral medicine, with the four humors, based on the concept of the Four Greats.[86]

[84] The Tang was a Chinese dynasty. The important Korean medical text, Hŏ Chun, *Treasured Mirror of Eastern Medicine* discusses The Four Greats in a paragraph near the beginning of the book, 2013 translation.

[85] Earth, wind, water, and fire were the four elements used in Greek antiquity and which continued to be used as the fundamental framework in Hippocratic/Galenic medicine. For earth, air, fire, and water, see Mary Lindemann, Medicine and Society in Early Modern Europe (Cambridge: Cambridge University Press, 2010) 88. Also see Geoffrey Lloyd, *Aristotle: The Growth and Structure of his Thought* (Cambridge: Cambridge University Press, 1968), 164-173.

[86] For four humors, see Lindemann, 13, 17-19. The humors had qualities: Phlegm was cold and wet; black bile, cold and dry; blood, hot and wet; and yellow bile, hot and dry. For historical analysis of the humors in medicine see Vivian Nutton, Humoralism, chapter 14 in William Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine*, vol. 1 (London: Routledge, 1993), 281-291.

> In the same way, Four Representations Eastern medicine also has its roots in the Four Greats.[87]

According to the authors, Korea received diverse streams of knowledge from India and Central Asia.[88] In their analysis, unlike in China, Korean physicians in the late nineteenth century, inspired by Yi Je-ma, continued with the old quadratic model, drawn from Buddhist medicine, thus devising the Four Representations (*Sasang* 四象) medicine in the late nineteenth century. *Sasang* medicine, as in humoral medicine, stresses a central typological framework of four main body types, with a significant emphasis on the role of emotions in health. In *Eastern Medicine for Prolonging the World and Preserving People* (*Tongŭi susebowon* 東醫壽世保元) Yi Je-ma proposed the Four Representations as a new medical concept[89] and described in hundreds of pages the four types according to features of the physical body, emotional traits, and details such as susceptibility to certain diseases. Yi also offered detailed explanations of his own medical prescriptions for the multiplicity of complex and changing permutations within the four types.[90]

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[87] "General Discussion on Pathology," (*Pyŏngnich'ongnon* 病理總論) in *East-West Medicine News* 1 (1916): 1.

[88] Dror Weil argues that scholars have mostly ignored the extensive influence of texts of Arabo-Persian physiology on medical thinking in late imperial China. However, to date we have little evidence of such transmission to Korea. We can speculate, though, that Chinese and Korean physicians read many of the same texts. See Weil's lecture, "Between Theology and Science: Arabo-Persian Physiology in Late Imperial China," Tel Aviv University, Israel, August 8, 2017, https://www.youtube.com/watch?v=3pSYDfu2nkE. Accessed June 20, 2019,

[89] Gary Wagman, *The Essential Teachings of Sasang Medicine: An Annotated Translation of Lee Je-ma's Dongeui Susei Bowon*, (London: Singing Dragon, 2018).

[90] Ibid. The Four Representations are complex and subject to context and change, but at the simplest level, the Greater yang types are often angry (*no* 怒), the Lesser yang types often sad (*ae* 哀), the Greater yin types usually cheerful or calm (*nak* 樂), and the Lesser yin types often joyful (*hŭi* 喜) (Wagman, 61). Four Representations medicine is popular in South Korea today. Although not as central a conceptual framework as the five agents concept (of wood, fire, earth, metal and water), a large proportion of physicians in South Korea use it in clinical practice or at least are conversant in its conceptual framework.

Modern-day physicians of Korean medicine, and scholars describe Four Representations medicine as uniquely Korean.[91] Since it was not practiced in China or Japan, they point to it as key evidence of the uniqueness of Korean medicine. However, the modern interpretation of Four Representation medicine differs from that of the 1910s. Rather than a solipsist creation, it was understood as a field of practical knowledge that historically drew on knowledge from the outside world. Over time, that knowledge merged with Korean local medical knowledge to form something new and innovative. Thus, arguably, the Korean claim to uniqueness in the 1910s was more cosmopolitan than previously acknowledged in the scholarship. Furthermore, the declared Korean acknowledgement of drawing on diverse origins of knowledge, such as China, Japan, Central Asia, and the West, is a theme of this dissertation.

Even if Yi did not use the term *Sasang* medicine to categorize a form of medicine, he claimed the concept of *Sasang* as a new innovation. While retaining many concepts widely accepted by Korean physicians, such as yin yang, hot and cold, qi and blood, and so on, he emphasized his new idea of four main typologies as his own. Physicians in Korea only began to use the term Four Representations (*sasang*) medicine in the 1910s, ten years after Yi published his text, and about five years after he had passed away.[92] Thus, it was not Yi himself, but physicians in the 1910s who situated Four Representations medicine as uniquely Korean, but also belonging to world medicine.

Despite Yi's claim of the novelty of his unique formulation, the authors in *East-West Medicine News* clearly stated that they were drawing on the Four Greats, a well-

[91] Shin Dongwon, "Nationalistic" Acceptance of Sasang Medicine," *Review of Korean Studies* 9.2 (2006): 143-163.
[92] For example, Kim Namil's detailed examination of Chosŏn Dynsasty period physicians up to 1910, makes no mention of Four Representations medicine. Kim, 2011.

known concept in Buddhism.[93] However, the authors made no reference to Yi's own assertion that he was drawing on the Chinese scholars Confucius (551 BCE-479 BCE) and Mencius (372 BCE-289 BCE). Yi is popularly known today by scholars as a Confucian physician (*Yuŭi* 儒醫), the reasoning being that he made that claim himself. On the contrary, the *East-West Medicine News* authors argued that Yi drew on the Four Greats[94] and that there are similarities with the Hippocratic four humors and Yi Je-ma's Four Representations. However, they did not specifically explain them. Arguably, they were referring to the fact that the typologies of the two systems are broadly similar. There are concordances of Greater yang with the Yellow Bile type in humoral medicine; Lesser yang with the Blood type; Greater yin with the Black Bile type; and Lesser in with the Phlegm type.[95] To explain the convergence another way, the correlation between the two conceptual systems regarding the emotions of a person, the disinhibited and rash Greater yang person according to Four Representations medicine resonates with the choleric

[93] References to Buddhism and any relationship with medicine do not appear in Chosŏn Dynasty period sources. The Chosŏn court adopted Confucianism as the official ideology and declared Buddhism as heterodox. Therefore, the reference here to Buddhism and its influence on medicine was a new idea in the literature in Korea. Buddhism had continued to be practiced quietly, out of public view, meaning that if there was literature on Buddhism and medicine in the Chosŏn Dynasty period, it has not yet surfaced in public. The study of Buddhism and medicine is in its initial stages. In his study of the transmission of Buddhist medical knowledge from India to China, Pierce Salguero argues that in China serious engagement with the Four Elements had fallen by the wayside in the ninth century. Volker Scheid disagrees with Salguero on this point, arguing that many physicians in China did seriously engage with such concepts as the Four Elements. Scheid means that Indian elements and Buddhism had a profound influence on Chinese medicine physicians up until the early twentieth century. Pierce Salguero, *Translating Buddhist Medicine in Medieval China* (Philadelphia, University of Pennsylvania Press, 2014). Volker Scheid, "Between Warfare, Poetry and Enlightenment: The Life and Work of Yu Chang as a Window on Medicine and Modernity in Seventeenth-Century China-and Beyond," forthcoming.

[94] Shin, 2006. Suh, 2017, 55-58, 60-62. Although not directly discussing the history of medicine in Korea, Sanjay Subrahmanyam's conceptualization of connected histories also sheds some light on the question. Sanjay Subrahmanyam, "Connected Histories: Notes towards a Reconfiguration of Early Modern Eurasia," *Modern Asian Studies*, 31, 3 (1997), 735-762. In sum, he argues that many scholars overlook the ways in which countries in the Eurasian continent, and particularly those in Asia, developed in relation to other Asian countries. Subrahmanyam's argument helps to analyze the question of why scholars of Korea apply a narrow local lens, rather than one that sees Korea as existing in a network of transnational connections.

[95] For the humors in medicine see Lindemann, 2010, 164-173. For the Four Constitutions in medicine, see Wagman, 2016.

person of humoral medicine; the easy-going person of Lesser yang type resonates with the sanguine person; the withdrawn person (*kŏpsim* 怯心) of Greater yin type matches the melancholic person of humoral medicine; and the passive, quiet Lesser yin type corresponds with the phlegmatic type. There are many more matching correspondences across the categories, although the two concepts are not exactly the same, since Yi adopted and built on the types from his own experience.

Even if Yi did innovate his new system independently, as he claimed, the author's view from the 1910s was not that Yi invented the concept, but that he built on the four humors concept via Buddhist medicine.[96] We have no evidence beyond his own writings, however, whether or not Yi was aware of the clear connections between his system and humoral medicine. However, in the late nineteenth and early twentieth centuries, many Korean intellectuals, keen to decenter China, sought inspiration from other traditions.

The current-day scholar Shin Dong-won is an example of a scholar who argues for the Korean uniqueness of *Sasang* (Four Representataions medicine).[1] He argues that probably the only reason that Yi's *Sasang* medicine gained popularity in the twentieth century was because nationalist-minded physicians could point to it as distinctly and uniquely Korean. Shin seems to doubt that *Sasang* Medicine attracted physicians because of its clinical efficacy, but more for its performance value as expressing a special style of Korean medicine. Similar to Shin, Soyoung Suh considers *Sasang* medicine as unique.

[96] Yumi Moon gives an example in which the history around Yi Je-ma is shaped by his modern construction as a Korean nationalist. In her research, Moon found that Yi had many cordial discussions with Japanese officials who visited him. Moon also found an original essay in which Yi argued that Korea should become closer to Japan and accept its leadership. Moon stated that scholars refuse to believe that Yi could have written such an essay. The assumption of the scholarship is that Yi was a leading Korean nationalist. Moon's research, nevertheless, adds to the evidence that the historical Yi Je-ma was a different person to the modern Yi Je-ma of the twenty-first century. The historical Yi was happy to draw on non-Korean connections. Yumi Moon, *Populist Collaborators: The Ilchinhoe and the Japanese Colonization of Korea, 1896-1910* (Ithaca: Cornell University Press, 2013).

However, she also argues that Yi drew many of his ideas from Hŏ Chun's *Treasured Mirror of Eastern Medicine*, as well as Zhang Zhongjing's *Treatise on Cold Damage*. Neither Shin nor Suh mention the argument of the relationship between *Sasang* medicine and the Four Greats. Thus, the question remains of the relationship of Sasang medicine with the Four Greats, "based on the four humors." Even if Yi did not attribute his concept of four typologies to humoral medicine, there was a clear belief among at least some physicians in the 1910s that there was a direct link. The above text does not seem to be part of a controversial debate, but rather a more matter-of-fact explanation. A second related question arises, then, of why modern scholars overlook the acceptance in the 1910s of the connection of Four Representations medicine with humoral medicine. The likeliest explanation is the wish to identify uniqueness in Korean culture. In his much-cited article, James Palais has discussed the problem in the historiography of scholars' quest for Korean uniqueness.[97] According to Palais, the desire to identify Korean uniqueness leads to distortion, since multidirectional flows of knowledge was the historical rule rather than isolated development. Palais's pithy appeal was for scholars of Korea to see the links and commonalities with regions outside of Korea.

Ironically, while modern-day Korean scholars continue to argue for Korean uniqueness (in the spirit of decentering China), an actual unique feature of medicine in Korea is the way in which medicine was drawn from multiple regions, not only China and Japan, but also from Buddhist medicine of Indian origin, which shared key features with Western humoral medicine. Medicine in Korea, with elements drawn from diverse currents of knowledge was multilingual in its vocabulary. Physicians adopted concepts

[97] James Palais, "A Search for Korean Uniqueness," *Harvard Journal of Asiatic Studies*, 55.2 (1995): 409-425.

and terms from diverse historical sources. While the *Inner Canon of the Yellow Emperor* remained the fundamental text, medical practice was also reinvented as an assemblage with origins in a global medicine. In short, the claim was that knowledge was drawn from across the world, and then, as the journal editors proclaimed, reconstituted in Korea as medicine for the world. In this way, fitting the zeitgeist of the 1910s, Chinese medicine was decentered. At the same time, Koreans refused to accept that the Government-General were the arbiters of medical practice. Scholars have attempted to seek historical origins of medicine in Korea within the bounds of the modern Korean nation-state. However, as Evelyn Rawski argues, knowledge transmission in Northeast Asia was never limited to internal knowledge production.[98] The Eastern medicine authors show that instead knowledge was shared across borders, suggesting complex multidirectional flows of medical experience.

While the Koreans understood their medicine as a globally connected local tradition, they also worked to build their operational space by building networks of supporters across Korea.

Advertising

To operate their journals, however, there was also the practical matter of finances. Although I have not yet been able to establish how the journals were funded, I speculate that some of the people in village distribution agencies worked as volunteers. Although there is no price printed in the copies that have survived, it is clear that advertising was one important source of income. Publishing costs were defrayed by published

[98] Rawski, Evelyn, *Early Modern China and Northeast Asia: Cross Border Perspectives* (Cambridge: Cambridge University Press, 2015).

advertisements in the journals ranging from medicine trading companies to physicians' private practices, including both small hospitals and clinics. The advertisements provide not only evidence of support for the Eastern-medicine physicians in the community, but also information on the physicians' clinics as well as some of the apothecaries. Finally, the use of imagery in the advertisements provides some insight into the level of confidence that people held regarding Eastern medicine. In sum, the advertisements show no signs of crisis or a group under siege, as portrayed in the current historical scholarship, but rather the overall message that comes through the advertisements is confidence in Eastern medicine.[99]

Furthermore, the scale of advertising visibly increased over time further suggesting that Eastern-medicine physicians involved with these journals were thriving rather than declining. In volume 1 of the *East-West Medicine News* in 1916 (84 pages in length), the last page comprised the one page of advertising.[100] (See Figure 2).

[99] Kim Namil characterizes the 1910s as a time of serious crisis for what he calls Korean medicine. Kim Namil, *Kŭnhyŏndae hanŭihak inmul silrok* 근현대 한의학 인물 실록 (Annals of personages in modern Korean medicine) (P'aju: Tosŏ ch'ulp'an, 2011).
[100] *East-West Medicine News* 1 (1916).

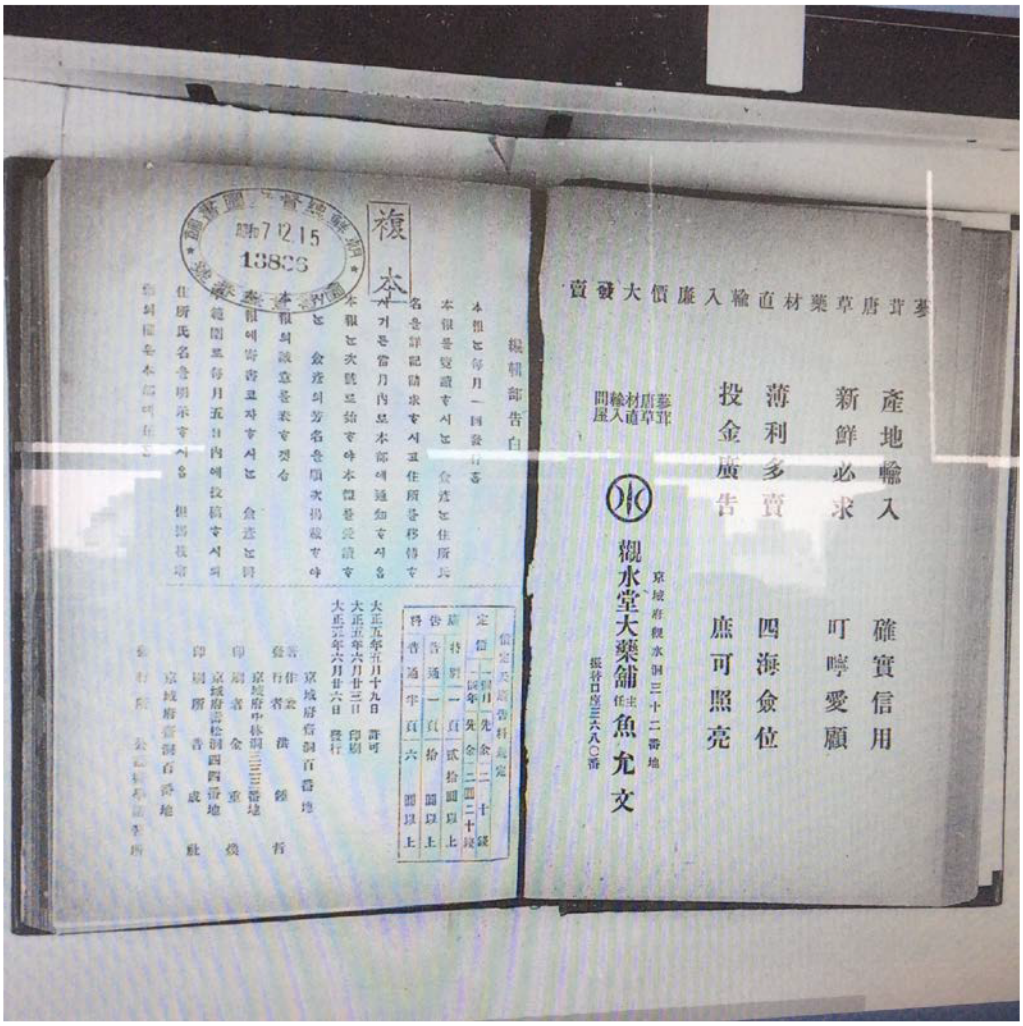

Fig. 2 Advertisement for Water-Viewing Hall, *East-West Medicine News*, 1916

This was a full-page advertisement in printed Chinese text for the Water-Viewing Hall Great Medicine Store (*Kwansudang Yakp'yu* 觀水堂大藥鋪) located in the Chongno district in Kyŏngsŏng.[101] The prominent Ch'ungchŏng Province (忠清道) official Ŏ Yun-mun (□ □ □) was listed prominently as the Director.[102] The advertising content told

[101] We know little about the store, except that it was in Building 322 in the Kwansu neighborhood in Chongno (Bell Street 鍾路).

[102] Ŏ Yun-mun was head of Asan County (牙山郡) in Ch'unch'ŏng Province. Kyujanggak Institute for Korean Studies website (Royal Library of Chosŏn Dynasty), in Seoul National University.

readers that the store sold ginseng, deer horn, and many other herbs, all guaranteed to be the freshest and best quality. Customers could place an order to receive the herbs directly from the point of origin. Everything could be done through bank transfer if required. As a large wholesale store, the Kwansudang (Water-Viewing Hall) Store promised the best customer service.

Following Kwansudang's example, by 1917 the advertising space in the final volume of the *East-West Medicine News* (76 pages in length) had grown to four full pages. Similar medicine stores had purchased one at the front and three at the back. This growth in advertisements both suggests expansion in the Eastern-medicine community and provides evidence as well of increasing commercialization in Eastern-medicine circles in Kyŏngsŏng city.

The Fresh Blossom, Korean Blossom, or Korean-English Bookstore (*Sŏnyŏng Sŏgwan* 鮮英書館) also placed a full-page advertisement in *East-West Medicine News*.[103] The word *sŏn*, which I translate as "fresh" in the title of the bookstore, is a homonym also meaning Korean. Thus, the publishing house title can possibly be read as Korean Blossom, indicating a sense of new national pride. Korean-English Bookstore is yet another possible way of reading the bookshop title, since *yŏng* was used in phrases that could also mean England (*Yŏngguk* 英國) or English (*Yŏngmun* 英文). Reading the title in this way speaks to the fact that the store sold English-language books. Any sense of

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http://kyujanggak.snu.ac.kr/home/index.do?idx=06&siteCd=KYU&topMenuId=206&targetId=379&gotourl=http://kyujanggak.snu.ac.kr/home/MGO/MGO_NODEVIEW.jsp?ptype=slist^subtype=03^lclass=35^xmlname=GK17989_00SK0001_212.xml
Accessed January 7, 2019.

[103] The Fresh Blossom of Korean-English Publishing House's address is listed as 82 Chŏng (丁) Place, 2 Bell Street (Chongno 鍾路 2), Kyŏngsŏng. *East-West Medicine News* 8 (1917): 71. Their advertisement appears on the second to last page.

Korean nationalism, therefore, for the bookshop owners, is understood as Koreans belonging to a global community of readers. To make this point, the text in the advertisement states that the store holds books "in many languages from all corners of the world" (lit. four seas *sahae* 四海). The store also holds both "ancient and contemporary" (*kogŭm* 古今) books, as well as popular and elevated books. Since the Fresh Blossom Bookstore's advertisement shows that it targeted well-educated and bookish readers of the *East-West Medicine News* readers were, the Bookstore was likely an important node in the networks of physicians and patients.

As it did in the *East-West Medicine News*, advertising expanded over time in the *Chosŏn Medicine World*. The first volume of the *Chosŏn Medicine World* published in 1918 (in 110 pages) contained one full page of advertising as well as 12 pages of advertising lists of Eastern-medicine physicians. By the final volume in 1919, it had expanded to 168 pages with 16 full pages of advertising, which were mostly for medicine stores but also included six pages of lists of physicians. To give an example of the most simple physician advertisement: the physician Ko Je-baek (高濟柏 dates unknown) is listed with just his name as having his clinic in Kyŏngsŏng.[104] Another example is the physician Im Ch'ang-su (林昌洙 dates unknown), who also penned a four-line verse as follows:

Marvelous medicine

East and West have similarities and differences.

Such an erudite field aids so many people,

[104] *Chosŏn Medicine World* 1(1918): 52. Unusually, Ko is listed as the Honorable Ko Je-baek (*chondang* 尊堂), perhaps indicating his seniority.

Its varied methods are endless.[105]

Im's paean to medicine reflects the overarching theme of all the journals, which is lauding medicine as beneficial whether it is Eastern or Western. Not only is medicine practically useful but also erudite, thus negating the state's claims of Eastern medicine's inferiority vis-à-vis Western medicine. Throughout each volume, an important message is that both forms of medicine are valuable and save lives.

The majority of simple advertising notices, such as those by Ko and Im cited above, do not, however, give their clinic addresses. Possibly, many physicians were confident that their patients knew where to find their clinics. However, a minority of physicians placed larger-sized advertisements that did include some more details about their clinic. Presumably there was a higher cost for including one's address. For example, in 1919, Chang Hwan-sŏn (張煥善) placed an advertisement that occupied one sixth of a page.[106] In his advertisement he included his address and a simple New Year's greeting. Readers also learned that his Eastern-Medicine Clinic (*Tongŭi Ŭiwon* 東醫醫院) was located in Compassion and Righteousness Neighborhood, Inŭi-dong 仁義洞, in Chongno in Kyŏngsŏng.[107]

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[105] Ibid, p. ii.

[106] *Chosŏn Medicine World* 10 (1919): 11.

[107] Although twenty years earlier, the American missionary, John Busteed's (1869-1901) description of an area known for medical clinics provides a rare first-hand account. "A walk down through Kong Dang Kohl and crossing the South Gate Street (Namdaemun 南大門) brings us into Koori Kai, a district in which the native dispensaries and doctors are to be found in great numbers. We notice the sign of the druggist…The street is lined on both sides with these native dispensaries and drug shops and we begin to appreciate the amount of money that is made in this business. We enter a famous dispensary and perceive the strong odor of herbs coming from the room." Busteed continues with a description of the physician and his assistants, "On the floor sits the old doctor surrounded by his assistants who prepare the medicine, grind the powders, and fill the prescriptions." John Busteed, "The Korean Doctor and his Methods," in *The Korean Repository*, Volume II, January-December 1895 (1964 reprint), 188-193.This rich description of the Chongno district is near to Chang Hwan-sŏn's Eastern Medicine Clinic mentioned on this page, and the Kwansu Great Medicine Store discussed above. The evidence suggests that Chongno continued to be an area with substantial numbers of clinics and apothecaries into the 1910s. It is significant that Busteed remarked on

In addition to formal advertising of physicians' clinics, there were a small number of notices about institutions. For example, reflecting the narrative thread of accepting Western knowledge in a Korean context, an unusual notice appeared in volume three of *Chosŏn Medicine World* of a new medical institution.[108] The snippet informed readers that two women, excellent graduates of the Kyŏngsŏng Special Medical School, were working in an American-designed clinic in central Kyŏngsŏng. The women's names were not given, but the notice told readers that the clinic, named the Women's Hospital (*Puin Ŭiwon* 婦人醫院) was in Dongdaemun (東大門).[109] We do not know how many women worked as physicians in colonial Korea, but they were certainly a small proportion of the total[110]. That a notice announced the news indicates that a women's clinic was unusual. The reference to the clinic as American-designed was unprecedented, since no other mention of clinic design appears in the journals, and suggests this may have been considered attractive to potential patients. Eastern-medicine physicians incorporated not only Western technical knowledge, but also Western (American) architecture, into their professional lives.

Such a large growth in commercial advertising in journals in the space of three years, from 1916 to 1919, indicates an expansion in available capital for physicians as

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the amount of money, arguably implying that he was surprised by the level of commercial activity associated with Eastern Medicine. Busteed concluded his article by suggesting that Koreans' ability to innovate would see Western medicine also thrive, "…seeing the advantage of foreign medicine, will adapt it to their country better than we have done or perhaps will ever do." Rather than denigrate Koreans in his comments, Busteed arguably saw ahead to Koreans successfully adopting Western medicine.

[108] *Chosŏn Medicine World* 3 (1918) 90.

[109] The name Women's Hospital indicates that it was probably exclusively for women patients. I do not know how many other physicians worked in the hospital, if any, nor could I find any other reference to the hospital in any of the literature. These journals are thus the only remaining evidence of such developments.

[110] For women physicians, see Sonja Kim, *Imperatives of Care: Women and Medicine in Colonial Korea* (Honolulu: University of Hawaii Press, 2019). Especially see chapter two, "From the Ŭinyŏ to the Yŏ'ŭi The Female Physician." 51-77.

well as their growing acceptance of the new journal media as a means to participate in the medical market place. Typical of advertisements in these journals is the full-page spread written in mixed Korean-Chinese script for a ginseng store in Kyŏngsŏng, which was published in the *East-West Medicine News* in 1917.[111] (See Figure 3).

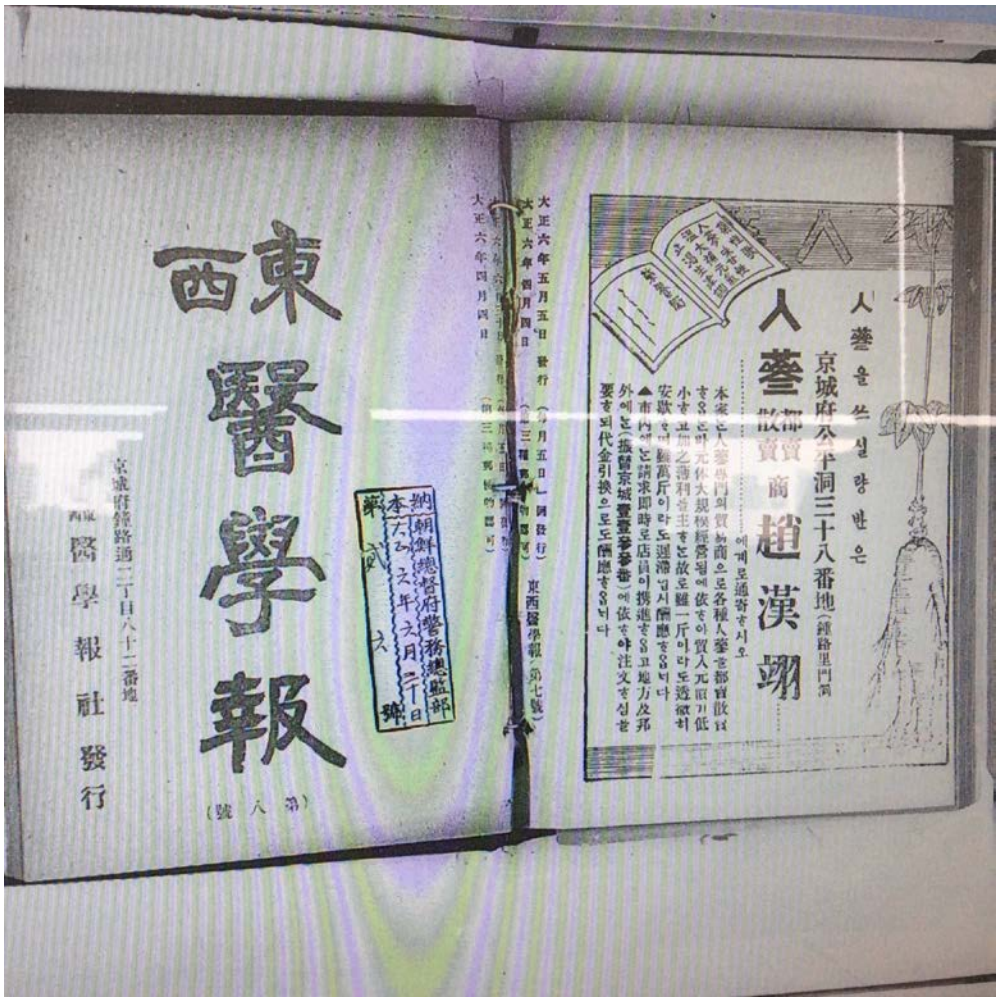

Fig. 3. Advertisement for Ginseng. *East-West Medicine News*, 1917 (right)

The address is written clearly for easy access, but most prominent are the characters for ginseng, and the storeowner's name, Cho Han-ik (趙漢翊), in Chinese script. Adding

[111] *East-West Medicine News* 8 (1917), inside cover page.

artistic and symbolic flourish to the advertisement, three illustrations appear to create a synergistic effect. In the top left hand corner of the page there appears a hand-drawn image of an open book, displaying a text on herbal medicines with ginseng prominent in the discussion. Drawing on Sinophone textual authority of the past, the advertisement speaks to the authority of the written word, the key medium of communication for the educated elites. To the right of the text, stands a simple hand-drawn Chinese character meaning "person" (*in* 人). In this context, the *in* can be read in at least two possible interpretations. As well as meaning a person, *in* is the first character in the disyllabic word for *insam* (ginseng 人參). Denoting the modernist spirit of the 1910s, medicine had not only been commercialized as we see through the new advertising for the first time, but also old ideological frameworks had been subverted. Before the 1910s in the Chosŏn period, to place the character for a person at the top of a page, rather than the character for Heaven would have been considered inappropriate as well as a challenge to the ideological order designed by the educated elite.[112] In the Chosŏn period Sino-Confucian cosmological system, humans were subordinate to Heaven (*Ch'ŏn* 天), or the King, and thus would have never been placed at the top of a page. In this advertisement, older forms of textual authority merge with new forms of human-centered modernity.

Another illustration positioned on the right of the page is that of an uprooted ginseng root with stems and leaves that, standing erect resembles a human. The plant is drawn as rooted in presumably Korean earth, resonating strongly with the power of healing plants grown from the soil. The image also can be interpreted as a synecdoche for

[112] Julie Chun, "Visual Articulation of Modernism: Self-portraiture in Colonial Korea, 1915-1932," Masters thesis, San José State University (2011), 11.

the reality of 1910's Korea in which the vast majority of Koreans were peasants working the soil. The image thus speaks to learned elites, as well as the vast majority of people with ties to the land. It is doubtful that many farming folk read this journal but the image may have resonated with urban Koreans nostalgic for a rural Korea of rich, fertile soil sprouting forth potent healing agricultural produce.[113] Furthermore, the portrayal of complete ginseng plant from root to leaves as a standing person filling the entire right-side of the page reinforces this new emphasis on the human as agent.

The small print in the advertisement explains that Cho had a wide range of different types and grades of ginseng. He could also provide bulk delivery service to anywhere in Korea and, unexpectedly, also abroad. The ginseng advertisement fits the theme of strengthening the Korean nation that is evident in the journals. Notable is the emphasis on herbal medicines that strengthen and fortify the body. Ginseng, often known as the king of herbs, was known for strongly boosting the quality of a person's qi. In the Sino-Korean pharmacopeia, strengthening-type herbs are in a clear minority in relation to herbs that perform a wide range of functions, such as clearing wind, yet they feature prominently in the Korean medical journals' advertising.[114] Scholars have shown that many urban Koreans in the 1910s were engaged in the broader political project of national strengthening. For example, Gi-wook Shin and Michael Robinson coined the analytical concept "colonial modernity" to emphasize that Koreans were not merely

[113] For discussion on the discourse of nostalgia for life in rural Korea, see Gi-wook Shin and Do-Hyun Han, "Colonial corporatism: the rural revitalization campaign," 1932-1940, in Shin, Gi-Wook and Michael Robinson, editors, *Colonial Modernity in Korea* (Cambridge: Harvard University Press, 1999). Unlike China and Japan, urbanization in Korea only began in the twentieth century. Most people living in Kyŏngsŏng in the 1910s were thus only one generation away from the village.
[114] For a Chinese herbal pharmacopeia in English, see Dan Bensky, Steven Clavey and Erich Stöger, *Chinese Herbal Medicine: Materia Medica*, Third Edition (Seattle: Eastland Press, 2004).

passive victims of Japanese rule but agents in their own right.[115] Furthermore, Vladimir Tikhonov has added to the debate by arguing that Social Darwinist ideas of energetic nation building were much more dominant in Korea in the 1910s than they ever were in China.[116] With urban-educated Koreans as the most likely target audience of advertising in the Eastern-medicine journals, marketing the iconic strengthening herb of ginseng fits the broader political concept of strengthening bodies to invigorate the nation. Strengthening the nation was not only a metaphor visualized in the form of ginseng and other medicinal products, but also manifested in the organization that was necessary to secure advertising. The journal advertising, therefore, can be read as evidence of the popularity of Eastern medicine as well as physicians' connections and interdependent relationships with apothecary owners. The physicians' dense networks were predicated on human relationships but were also supported by merchants' reciprocal business connections that were independent of the state. Despite the absence of state support for institution building in the 1910s, Korean Eastern-medicine physicians harnessed resources through their social and commercial networks to ensure the viability of an autonomous health care system based on, as they understood it, Eastern medical and cultural resources.

Physicians demand status at the Chosŏn Industrial Exposition

All of these themes came together when in 1915 Eastern-medicine physicians participated in the Chosŏn Industrial Exposition held in Kyŏngbok Palace (景福宮) in

[115] Shin and Robinson, 1999.
[116] Vladimir Tikhonov, *Social Darwinism and Nationalism in Korea -the beginnings (1880s-1910s): Survival as an Ideology of Korean Modernity* (Leiden: Brill, 2010).

Kyŏngsŏng[117] and thereby demonstrated their active participation in public life. Scholars have argued that the Industrial Exposition was a Japanese project to showcase Kyŏngsŏng as the central hub of a new pan-East Asian modernity in the Japanese Empire.[118] The established view has been that the Exhibition can only be understood as a violent and shameful episode in Korea's history that the Japanese designed to humiliate Koreans.[119] The historian Se-mi Oh, however, has questioned this interpretation of the event. For example, she accepts that there was a colonial hierarchy that defined the Exposition but believes that its construction was not racially based, but rather was based on how Japanese rulers viewed where Koreans stood in relation to modernity. From Oh's position, the Japanese viewed the Koreans as behind and in need of following the Japanese modernization model that aimed to build a universalized modern empire based on the discourse of science. Similar to Oh in emphasizing the importance of the Exposition for Japanese colonial rule, Young-sin Park shows that it was a popular event with large numbers of Koreans excitedly attending. While Park does characterize the event as an instrument of Japanese colonial rule, she also argues that many Koreans were also invested in the Exposition's success. As well as describing the large numbers of people attending, Oh and Park both analyze the breadth of the many sectors of Korean society represented in the Exposition. Participants ranged from personnel working in industrial technology and electrical products to agricultural produce and medical products. Although neither Oh nor Park mention them, the Eastern-medicine physicians,

[117] Kim Namil, 2011, 26. Built in 1395, Kyŏngbuk Palace was the main royal palace of the Chosŏn Dynasty.
[118] Se-mi Oh, "Consuming the Modern: The Everyday in Colonial Seoul, 1915-1937," PhD dissertation, Columbia University, 2008. Young-sin Park, "The Choson Industrial Exposition of 1915," PhD dissertation, State University of New York Binghamton, 2019.
[119] Young-sin Park, 2019.

however, showcased older medical ideas, as well as Confucianism, an ideology that they understood as representing Korean cultural resources from the past and integral to Eastern-medicine in the present.

In general, the Japanese organizers did not regard older traditions such as Confucianism as a framing principle for the Exposition. Instead, with such widespread and popular participation and organized on a massive scale as a major event in Japan-ruled Korea, the Exposition served as a fulcrum for the Japanese rulers' view of Kyŏngsŏng as a central node in their expanding Empire beyond Japan. In sum, while it was a Japanese colonial project, many Koreans nonetheless had important roles to play in its organization. Having established the broader significance of the Exhibition for Japanese colonizers and colonized Koreans alike, however, this revisionist scholarship ignored the fact that there was substantial Eastern-medicine physician participation. Although Oh and Park discussed Exhibition participants such as engineers and architects, neither mentioned the up to 770 Eastern-medicine physicians who took part in a day-long symposium at the Exposition or even the 300 who attended the Medicine Symposium with mainly Western-medicine speakers.[120]

The single exception in the historiography is Kim Namil,[121] who described the symposium as an opportunity for the Eastern-medicine physicians. The kind of opportunity that Kim seemed to imply but did not explicitly state is that the symposium gave the Eastern-medicine physicians an opportunity to insert themselves into the Korean colony's political life. More than an "opportunity," the symposium exemplifies how they

[120] Take note that the participants at the Eastern medicine symposium were more than double the number of those at the Medicine symposium.
[121] Kim Namil, 2011, 26. He discussed the Eastern-medicine physicians' symposium, however, in less than a third of a page and did not explain the larger context.

inserted themselves into the public view and argued their case consistently and confidently. The secondary literature, therefore, ignores the significance of the Eastern-medicine physicians' participation. By intervening in such a significant event meant to showcase modernity for the wider East Asian region, Eastern-medicine physicians placed themselves as well at the center of these modernizing transformations.

Physicians from all regions in Korea attended the symposium titled the All Korea Practicing Physicians' Congress (*Ch'ŏn Chosŏn Ŭisaeng Taehoe* 全朝鮮醫生大會).[122] The literatus scholar-official, Chi Sŏk-yŏng (池錫永 1855-1935), even chaired the conference, though he was not a physician. In 1879, he participated in a diplomatic mission to Japan where he learnt of Edward Jenner's cowpox vaccination technique. He returned to Korea with the technique, and so thereafter was known as the person to first introduce modern Western medicine to his country.[123] In 1907, he was appointed as superintendent of medical education in the Great Korea Hospital (*Taehan Ŭiwon* 大韓醫院). The Eastern-medicine physician Ch'oe Dong-sŏp (崔東燮) was listed as the deputy-chair of the conference.[124]

According to the official government gazette, 600 physicians attended the opening ceremony held in the forecourt of the Ch'angdŏk Palace (Prospering Virtue Palace 昌德公).[125] The Director-General of the Government-General, the Count Yi

[122] Chosen Sotokubu 朝鮮總督府 (Government-General of Korea), *Shisei gonen kinen Chōsen bussan kyōshinkai hōkokusho* (Report on the Chosŏn industrial exposition in commemoration of the fifth anniversary of Japanese colonial rule) 1 (Keijō [Seoul]: Chosen Sotokubu, 1916): 318.
[123] C. D. Kee 奇昌德, "The Beginning of Western Medical Education" Sŏyang Ŭihak Kyoyuk ŭi Hyosi 西洋醫學教育의 嚆矢, *Korean Journal of Medical History* 1 (1992): 3-12.
[124] Ch'oe was active in organizing the conference, but we know little else about him.
[125] Ch'angdŏk Palace is one of the five grand palaces built during the Chosŏn Dynasty.

Wan-yong (李完用 1858-1926), presided. Following his opening remarks, there were presentations by a number of government officials, physicians, and scholars. Those present at the opening ceremony included the Governor-General Terauchi Masatake (寺内正毅 1852-1919), Chief of Police Tachibana (立花), Chief of Roads Hinakaki (檜垣), Chief of Employment Akiyama (秋山), Chief of the Secretariat of the Government-General Akabane (池邊), and Deputy Governor-General Oto (大藤).[126] The perhaps surprising attendance of the entire Government-General's top leadership indicates that Eastern medicine was, despite attempts to denigrate it as weaker vis-à-vis Western medicine, an integral component of the vision for Korea, and the Japanese Empire as a whole. As Kyŏngsŏng was the central showcase of the Empire, the official show of support for Eastern-medicine physicians indicated that Japanese modernity in the colonial Korean context was not simply a copy of Western industrial modernity. Furthermore, Count Yi presented remarks in which he expressed support for Eastern medicine, and clarified why the new physician-registration regulations had been established:

> The Eastern art of healing (*Tongŭisul* 東醫術) has a long history. We draw on Chinese medicine as far back as *Sin Nong* (Divine Husbandman 神農).[127] Now we use old and new knowledge together. Whatever the type of medicine we use, the most important quality is compassion (*in* 仁). We have recently implemented the physician regulations. The reasoning is to

[126] These officials were Government-General chiefs, as in being responsible for Korea as a whole.
[127] Yi likely refers here to the *Divine Husbandman's Materia Medica Canon* (*Shennong Bencao Jing* 神農本草經), c. 200-250. Shennong is a mythical figure dated to Chinese antiquity.
For an English translation see Yang Shou-zhong, *The Divine Farmer's Materia Medica: A Translation of the Shen Nong Ben Cao Jing* (Boulder: Blue Poppy Press, 1998).

> ensure we practice the maxim to do no harm. We just needed a basic regulatory framework to prevent people from harming patients. We equate compliance with safety as acting compassionately towards our patients. We also have to comply with modern times, thus the need for a regulatory code. In any case, I am sure you will all work with the principle of saving lives, and helping the poor and suffering.[128]

Yi cited two main reasons for the regulations: patient safety and the need to comply with modern international standards. To explain the rationale, he mobilized a concept understood by Koreans as a central tenet of Confucianism, that is namely compassion. Thus for Yi, the legal form of the new regulations allowing both old and new medicine was to satisfy a global audience, whereas the regulations were framed for a local audience as embedded in Korean concepts of moral responsibility. Yi left unexplained however, the reasoning behind the new and unequal status hierarchy of professor physicians (i.e. Western-medicine trained) and practicing physicians (Eastern-medicine trained).

Whereas Yi's words offered a degree of encouragement and support for the physicians, his historical role can help to explain why present-day scholars overlook the event. Yi was in his role as government minister the Korean who was the most supportive of Japanese rule of Korea.[129] He signed the treaty of 1907, which gave Japan control of

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[128] Chōsen Sotokubu 朝鮮總督府 (Government-General of Korea), *Shisei gonen kinen Chōsen bussan kyōshinkai hōkokusho* 始政五年記念朝鮮物産共進會報告書 (Report on the Chosŏn industrial exposition in commemoration of the fifth anniversary of Japanese colonial rule) 1 (Keijō [Seoul]: Chosen Sotokubu, 1916): 318-319.

[129] Yi was a patrician old elite. As education minister in the 1890s, he was known as pro-Russian. By 1895, he was one of Japan's strongest allies. He hoped that the Japanese would preserve the old Korean aristocratic order. He became Prime Minister under Japanese rule. Peter Duus, *The Abacus and the Sword: the Japanese Penetration of Korea, 1895-1910* (Los Angeles: University of California Press, 1995), 118, 192.

Korea. He is thus known today as the archetype Korean traitor, while his name has come to mean traitor in the same way that Vidkun Quisling (1887-1945) gave his name to the term of traitor in English.[130] As a highly negative historical figure, Yi does not appear in current historical accounts except to repudiate him.[131] In light of this historiography, the fact that Yi presided at the Physicians' Congress has arguably helped to ensure that the event has been forgotten. The support of the Japanese Government-General, including pro-Japanese Koreans such as Yi Wan-yong, for Eastern medicine thus complicates the conventional narrative of a clear Japanese-Korean binary in the 1910s.

The Korean public also knew that the Exhibition was mainly Japanese-organized but nevertheless large numbers from every region of Korea attended each day.[132] Koreans who attended were able to learn what sectors of the economy were considered to be important. While the Japanese-led Government-General demonstrated support for Eastern medicine, it is also possible that their action reflected awareness of Koreans' deep attachment to that form of healing and so their support of it may have been used to help appease some of the political resentment against colonial rule.

Although it was mostly Koreans who attended the Kyŏngsŏng Exposition, it also attracted large numbers of international visitors.[133] The Great Exhibition, held in London

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[130] Vidkun Quisling headed the Norwegian government during German occupation 1940–45.

[131] This is similar to Wang Jingwei (汪精衛 1883-1944) in China, Wang Jingwei headed the government in most of Japanese-occupied China from 1940–44. Thus his name has become synonymous with a traitor. See Gerald Bunker, *The Peace Conspiracy: Wang Ching-wei and the China War, 1937-1941* (Cambridge, Mass.: Harvard University Press, 1972).

[132] Exactly 1,164,383 visitors were counted as having attended the Exposition, according to official figures. The Exposition ran for 51 days, from September 11, 1915 to October 31, 1915. Thus, on average, 22, 831 people attended each day. The Korean population in 1915 was about 15 million, meaning that more than one in fifteen of Koreans attended the Exposition. Chosen Sotokubu 朝鮮總督府 (Government-General of Korea), *Shisei gonen kinen Chōsen bussan kyōshinkai hōkokusho* 始政五年記念朝鮮物産共進會報告書 (Report on the Chosŏn industrial exposition in commemoration of the fifth anniversary of Japanese colonial rule) 1 (Keijo [Seoul]: Chosen Sotokubu, 1916): 270-271.

[133] Park Young-sin, 2019.

in 1851, was the first of a series of Exhibitions held in Europe over the following eight decades and meant to showcase British scientific and industrial development.[134] 1851 also marked the formal beginning of internationalism in medicine with the first international sanitary conference held in Paris. In 1867, the first general international medical congress was also held in Paris. Succeeding medical conferences received international fanfare. These international industrial and medical meetings were held as showcases of modernity for a world audience. Japanese political rulers and physicians aimed to be a part of this world of scientific and medical progress, as they understood it. The Exposition in Kyŏngsŏng, therefore, needs to be understood as the Japanese Government-General's showcase of Korean science, industry, and medicine to the global community. Within this global frame, it is particularly significant that Korean physicians were the occupational group highlighted with much fanfare. The Government-General sought not to marginalize the Eastern-medicine physicians, but on the contrary, sent to the opening ceremony of the one-day Symposium the highest officials in Korea – the Governor-General Terauchi and the Director-General Yi Wan-yong – to demonstrate their support.

The fact that the Japanese rulers not only promoted the physicians by holding a symposium in the Palace, but also gave their imprimatur by attending the opening ceremony, demonstrates that they accepted Eastern medicine in Korea. The colonizers may have believed that the Eastern medicine physicians comprised an important group with whom to curry favor. Michael Liu's analysis of Japanese colonial rule in Taiwan shows that Japanese colonial officials based there, for instance, normally felt deep

[134] W. F. Bynum, "Policing Hearts of Darkness: Aspects of the International Sanitary Conference," *History of Philosophy and Life Sciences* 15 (1993): 421-434. On exhibitions and conferences, see 422-424.

anxiety and insecurity regarding their position. Although there were likely to have varied opinions in the inner confines of the offices of the Korean Government-General, the fact that the administration publically showed support at the Exposition demonstrates the important role that Eastern-medicine physicians continued to play in Japan-ruled Korea. Even though the physicians were relegated to secondary status behind Western-medicine physicians, they were the group of physicians that were nonetheless most celebrated at the Kyŏngsŏng Exposition of 1915. The officials' attendance and Director-General Yi Wan-yong's speech signaled that Eastern medicine was a legitimate and important aspect of the type of modernity that was being formed in Korea. The leadership's attendance alone may have sent a signal not only to Korean people, but also to an international audience that Japanese officialdom would take a different path than their Western colleagues in elite policy-making circles.

Conclusion

This chapter has shown some ways by which Eastern-medicine physicians in 1910's Korea organized themselves to ensure their status in the context of Japanese colonial rule. The physicians defied initial Japanese expectations of their eventual disappearance. Instead of succumbing to Japanese colonial discourses of Korean weakness, the physicians became a more cohesive group, with "readers in every small town in Korea." Not only did they write for a Korean audience but also understood themselves as participating in an international debate on the nature of medicine and its relationship with science. Eastern-medicine physicians began to write and publish, to participate in

advertising, and organize symposia, all for the purpose of engaging the public in the cause of establishing Eastern medicine as a key profession within Korea.

As Iwo Amelung argues in his study of comparable discourses in twentieth-century China, apparent weakness can open paths to strengthening. Paradoxically, the Eastern-medicine physicians in 1910's Korea adopted the forms of modernity, such as forming associations and publishing journals, that they then used to argue for Eastern medicine's value. In the process of organizing and publishing, the physicians established a new form of identity. While they did not use the term professional, in fact they fulfilled some of the criteria of what is known as a profession. They formed elected governing bodies, agreed to regulatory criteria by participating in a national system of registration, held conferences, and expected their members to abide by a set of ethical criteria.

The Korean physicians' activities in defending their own cultural resources, expressed through medicine, reached across every region in Korea. By doing so, they created a network that acted as a multi-nodal and multidirectional site that connected them in the cause of Eastern culture as they defined it. As the most obvious aspect of traditional culture that was retained in the twentieth century, the physicians had embraced the practical skill and art of medicine, combined it with organizational acumen in a wider Korean community, and so contributed to defining modernity in Korea as very different from Western modernity.

PART TWO

Korean Physicians Reviving the Eastern Spirit

While the decade starting from 1910 saw some uncertainty regarding the Eastern-medicine physicians and their status in Korea, the year 1919 saw a turn towards medicine as popular practice. Specifically, Koreans increasingly engaged in "nourishing life" *yangsaeng* practice to benefit their own healthcare and to signal attachment to Eastern medical ideas. Continuing into the 1930s, Koreans framed Eastern medicine as a popular practice within which all could participate. Thus, the Eastern (*tongyang* 東洋) idea in medicine shifted from being a concern of elite physicians to one in which people could practice basic healthcare regimens and understand simple herbal therapies. By the 1930s, the idea of medicine as practical embodiment of the East (*tongyang*) also saw increasing convergence of Korean and Japanese thinking. The 1930's Eastern Medicine Renaissance was one of the most well-known discussion points in Korean newspapers and radio programs.[1] Consequently, both Koreans and Japanese laid claim to a Medical Renaissance that represented broadly understood Eastern ideas, was framed as fulfilling social needs, and explained the East as counterpoint to the West. The following chapter three first examines the tension between nourishing life and guarding life as it played out

[1] For 1930's media coverage, see Anonymous, ed., *Criticism and Explanation of Korean Medicine* (*Hanŭihak ŭi pip'an kwa haesŏl* 韓醫學의 批判과 解說) (Seoul: Sonamu, 1987).

in the medical journals and chapter four examines the Eastern Medicine Renaissance of the 1930s in the wider public.

Chapter Three

Nourishing Life (yangsaeng) and Guarding Life (wisaeng) in the National Strengthening of Koreans, 1918-1919

Introduction

In 1918, the *Chosŏn Medicine World* (*Chosŏn Ŭihakkye* 朝鮮醫學界) journal reported that in the past few years the most significant development in medicine in Korea had been the huge uptake and popularity of *yangsaeng* (養生).[1] The report would not have been a surprise for readers. Each volume prior to this report had featured *yangsaeng* and its importance in the practice of Eastern medicine in the 1910s. Volume Seven in 1919 however, declared "the revolution that has caused *yangsaeng* to be so popular and so effective shows that people are increasingly participating actively in their own healthcare."[2] The Japanese scholar and *yangsaeng* practitioner, Aoyagi Nanmei (青柳南冥 1877-1932) wrote that *yangsaeng* was a set of healthcare practices that could both prevent and cure disease.[3] For example, cultivation of the mind, mainly through breathing

[1]Aoyagi, Nanmei 青柳南冥, "Health and Longevity *Yangsaeng* Commentary," (*Kŏngang jangsu ron* 健康長壽論) *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 6 (1918): 67.

[2]Aoyagi, Nanmei 青柳南冥, "Health and Longevity *Yangsaeng* Commentary," (*kŏngang jangsu ron* 健康長壽論), *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 7 (1919): 69. Aoyagi Nanmei was a Japanese scholar living in Korea. Even though he was Japanese, and thus his analysis is possibly tainted through the lens of colonialism, I take his writing seriously as evidence of one aspect of the history of medicine in Korea.

[3] The earliest known references to *yangsheng* 養生 appear in the *Mawangdui* corpus and the *Inner Canon of the Yellow Emperor.* Each text deployed the term with a different conceptual framework. Dating from the third century BCE, the *Mawangdui* excavated texts discuss a range of practices such as diet, breathing exercises, sexual cultivation that together aim at the goal of *yangsheng*. According to Donald Harper,

meditative practice formed many people's core daily exercise. In the pages of the *Chosŏn Medicine World*, a journal written by and for physicians of Eastern medicine, aside from breathing practices, *yangsaeng* was conceived of as belonging to two broad though closely related categories. One was a set of lifestyle practices, such as diet, rest, exercise, massage, sexual habits, and so on. The other pertained to a conception of thought as something that could attune the heart-mind to the cosmos. In short, regulating the emotions was considered key to good *yangsaeng* practice. For Eastern medicine physicians, and for many of their contemporary Koreans, *yangsaeng* took precedence over the state policy of *wisaeng* (衛生) which literally meant guarding life, but usually is translated as hygiene.

This chapter examines Korean understandings of both *yangsaeng* and *wisaeng*. An initial discussion of *wisaeng* in the secondary literature is followed by an examination of both *wisaeng* and *yangsaeng* as described in print in the late 1910s. Some techniques will be discussed, as well as a comparison of breathing exercise in Korea and Japan. The

yangsheng represented a form of medical tradition that intersected with early forms of Daoism, differing from a Confucian discourse apparent in the *Inner Canon*. He calls one manuscript *Yangsheng Recipes* (養生方) a physio-spiritual fusion in which the idea of spirit (*shen* 神) represents a core of the physical body. The *Inner Canon* form of *yangsheng*, however, discusses it as the practice of harmonizing with the seasons, and related to a hierarchical structure in the form of the five elements (*wu xing* 五行). See Harper, *Early Chinese Medical Literature: The Mawangdui Manuscripts,* (London: Kegan Paul International, 1998), 1-13. Paul Unschuld, *Huang Di Nei Jing Su Wen": Nature, Knowledge, Imagery in an Ancient Chinese Medical Text: With an Appendix: The Doctrine of the Five Periods and Six Qi in the Huang Di Nei Jing Su Wen* (Berkeley: University of California Press, 2003). *Yangsheng* also featured in many philosophical texts. For example, the *Zhuangzi* includes a chapter specifically on Yangsheng (*Yangshengzhu* 養生主). The famous parable of Cook Ding in which he explains to King Wenhui how he effortlessly carves up an ox, ends with the king exclaiming that the Cook has showed him to nourish life (*yangsheng* 養生). See Zhuangzi. *Zhuangzi: The essential writings with selections from traditional commentaries*. Translated by Brook Ziporyn: (Indianapolis: Hackett Publishing, 2009) 23. For a survey of *yangsheng* in early texts, Rohan Sikri, "A Method to Nourish Life: Therapeutic Practice in the *Zhuangzi*," in Zhuangzi and Daoism Special Issue, ed. Robin Wang, *Journal of Shangqiu Normal University*, January 2015.

chapter ends with a discussion on how Eastern-medicine physicians conceptualized *yangsaeng* and the mind, in relation to scholarly arguments of the period.

Showing the importance of *yangsaeng* in Korean healthcare practices provides an example demonstrating that the history of medicine looks different from state-driven narratives of health – where *wisaeng* was promoted - if we focus on people's daily healthcare from the bottom-up – where we see *yangsaeng* practiced. Scholars of medicine in Korea have mostly written about medicine as an act performed on people, either by the state or by physicians.[4] Recognizing medicine as a field of social practice where people adopt healthcare practices shaped by cultural beliefs allows a broader view of historical change in medicine. Instead of limiting our perspective to the roles of those who deem themselves experts, examining healthcare practices in the home reframes medicine as dynamic negotiation in which people's agency can shape both continuity and change. Examining how people in early twentieth-century Korea understood and practiced *wisaeng* and *yangsaeng* reveals ways in which people drew on their own rich cultural resources from the past and present to practice an autonomous healthcare marked by the ethos of self-responsibility in their present. Furthermore, *yangsaeng* practices also provide an example of a particular form of modernity in Korea shaped by internal (Korean) forces.

Some scholars of the history of medicine in East Asia in the early twentieth century, notably Ruth Rogaksi, have focused on *weisheng* (the Chinese equivalent for the Korean word *wisaeng*), referring to it as a set of Japanese state-led policies to enforce

[4] For example, Kim Namil, 2011; Sonja Kim, "The Search for Health: Translating Wisaeng and Medicine during the Taehan Empire," in Kim Dong-no, John Duncan, and Kim Do-hyung, eds., *Reform and Modernity in the Taehan Empire*, 299-341. (Paju: Jimoondang, 2006); Park Yunjae, 2006, 2008; Shin Dong-Won, 2008; Soyoung Suh, 2017.

sanitation and hygiene.[5] In the Korean case, however, people understood *wisaeng* on their own terms as a necessary component of the nation-building project. Going beyond *wisaeng*, Koreans also adopted *yangsaeng* as a complementary practice.

In her discussion on *wisaeng*, Sonja Kim traces its beginnings as a central aspect of the modernization discourse in Korea after 1876, with the partial opening of trade with Japan through the Treaty of Kanghwa. Korean intellectuals enthusiastically embraced *wisaeng* since they saw it as crucial to strengthening the nation.[6] It was understood as reform of everyday habits including food, drink, medicines, elimination, water, and cleanliness. Before the 1890s in Korea, *wisaeng* and *yangsaeng* were understood as similar concepts pertaining to maintaining good health, meaning the two terms were used interchangeably, even though *yangsaeng* was understood as developing out of the Daoist tradition. When the Korean Chosŏn state, established the Central Sanitation Bureau in 1895 it implemented a new meaning of *wisaeng* project as a public hygiene project.[7] Kim argues that *wisaeng* came to dominate public discourse, with less public mention of *yangsaeng*. Her analysis stops at 1910, but the evidence from the *Chosŏn Medicine World* shows that unlike the previous Taehan period (1897-1910) Kim studied, after 1910 *yangsaeng* assumed more importance in people's daily lives than did *wisaeng*. More importantly for this discussion, Eastern-medicine physicians writing in the 1910s, understood *yangsaeng* and *wisaeng* as separate but complementary concepts.[8]

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[5] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*, (Oakland: University of California Press, 2004).
[6] Sonja Kim, 2006.
[7] The Chosŏn Dynasty (1392-1897) was dissolved in 1897. The dynasty was understood as a kingdom. In 1897, the Great Korean Empire (Taehan Empire 大韓帝國) was proclaimed. It lasted until 1910 when Japan annexed Korea. In practice it was a Japanese protectorate from 1905-1910.
[8] The *Chosŏn Medicine World*, in each issue, discussed *wisaeng* and *yangsaeng* at length.
Yeo In-seok also claims that *yangsaeng* (nurturing life) and *wisaeng* (guarding life) have almost the

Whereas Sonja Kim weighed the relative import of both concepts up to 1910, Todd Henry does not refer at all to *yangsaeng* his discussion on *wisaeng* in Seoul from 1910 to 1945.[9] In Kim's period of analysis, the Taehan Period, *yangsaeng* had not yet become a popular movement. Also overlooking *yangsaeng*, in his analysis, Henry is more concerned with urban spaces, so focuses on the methods adopted by the colonial state to enforce *wisaeng* in Seoul. For Henry, *wisaeng* in Korea was a powerful mechanism of colonial subjectification. He describes a process of increasing surveillance by intrusive police who were hoping to enforce cleanliness and to persuade people in Seoul to participate in sanitation campaigns. Initially, most people, however, remained only partially and reluctantly compliant, mostly more interested in taking herbal remedies for their health than worrying about cleaning sidewalks. Henry's analysis shows a reality in which many people lived in a world where traditional medicine understandings of the body took precedence over seemingly abstract discussions on sanitation.

Henry's discussion on Seoul resonates with Ruth Rogaski's analysis of the beginnings of *weisheng* as state policy in China.[10] Rogaski analyzes the conceptual and institutional changes in medicine wrought by Japanese colonialism in the Chinese city of Tianjin, adjacent to Korea across the Bohai Bay. For Rogaski, the Chinese term *weisheng* (衛生) is central to the tremendous changes that took place in Tianjin in the early

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same connotation. Yeo, In-seok, "A History of public health in Korea," in Milton Lewis and Kerrie MacPherson, eds., *Public Health in Asia and the Pacific*, (Abingdon: Routledge, 2008). Ch. 3, 73-86. See esp. 73.

[9] Todd Henry, *Assimilating Seoul: Japanese Rule and the Politics of public space in Colonial Korea, 1910-1945.* (Los Angeles: University of California Press, 2014) See chapter 4, "Civic assimilation: sanitary life in neighborhood Keijo." 130-167.

Todd Henry uses Seoul as the name of the Korean capital. While that was the English name, the Korean name was Kyŏngsŏng, and the Japanese name Keijō.

[10] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Oakland: University of California Press, 2004).

twentieth century. In her analysis, *weisheng* meaning "hygienic modernity" is intertwined with the violence of Japanese colonialism in Tianjin in the first decade of the twentieth century. Both Rogaski and Henry point to people's reluctance to embrace the sanitation policies of Japanese rulers, but Henry places more emphasis than Rogaski does on people's agency in resisting the implementation of harsh policies, such as enforced inspections and sanitization.

It is not surprising that scholars have identified Japanese authorities as harsh agents of repression. A typical newspaper article of the early years of Japanese rule in Korea admits to "vigorous measures of suppression" in cleaning streets in the midst of a cholera epidemic in 1907.[11] In October of that year, *The Seoul Press* newspaper triumphantly reported on street-cleaning efforts.

> One of the chief foes of municipal prosperity is dirt. Cleanliness is intimately related to our well being both as individuals and as a community. It means good health, and good health is not only a source of strength but has its bearing on morals as well. One of the great problems of modern municipal life is the disposal of the sewage. Where large numbers of people congregate, sanitation becomes a necessity. The lack of it spells out death. This necessity has brought into existence the new sciences of sanitation, which is still in its infancy but which has already wrought wonders in civilized communities. We have had an illustration of its value here in Seoul during recent days. Seoul has been cleaned up, and the problem now is to keep it clean.

[11] Korea became a Japanese protectorate in 1905, so was already effectively a colony.

> The herculean task of cleaning the city was inaugurated. A large force of men were put at work day and night. All accumulations of filth were removed and disinfectants scattered about with a liberal hand. In this work, the police…had the special task of handling the situation in the large regions occupied by the Koreans, and they did heroic work. In other regions, especially Fusan, Pyong-yang, Chemulpo, Chin-nam-po and Wiju, it has been necessary to adopt vigorous measures of suppression. This will indicate how widespread was the measure.[12]

Likely part propaganda and part fact, the above representative passage delineates one of the central state-led visions in building a modern society. In the context of a cholera epidemic, and with germs understood as disease-causing agents able to thrive where there were dirt and filth, the focus here is on exerting human efforts to eradicate pathogens by scrubbing and cleansing. Thus, in a clean external environment, people will not be exposed to vectors of disease. At the same time, the act of cleaning and scrubbing is a moral act. By acting to control the environment, one participates in the action of achieving good health, thus bringing about universal good health for the community.

In 1907, Korea was a protectorate of Japan with a mixed Japanese/Korean administration. The report was typical for the 1900s and 1910s. Aiming for an international audience, the message of vigorous street cleaning invoked a modern Korea fit to stand as a civilized nation in the international community. On the one hand, cleaning streets was an action to be celebrated publicly. On the other hand, Korean native

[12] *The Seoul Press*, October 23, 1907.

healthcare practices such as *wisaeng* and *yangsaeng*, which would not have been understood by the international community, remained as topics for internal debate during the 1910s and 1920s.

Koreans inverting hygienic modernity by cultivating East Asian modernity?

Wisaeng, the term that was applied in Korea for the general principle of sanitation, meant more than only scrubbing streets and ensuring clearing of filth. Rogaski explains that the term *weisheng* (pronounced as *eisei* in Japanese) originally held multiple meanings understood broadly as prevention of individual disease that required an ability to discern the underlying patterns of the universe.[13] She goes on to contrast the original meaning of *weisheng* (lit. guarding life) with the new meaning given in the 1870s by the Japanese doctor Nagayo Sensai (長与専斎 1838-1902).[14] He translated the French word *santé*, the English word sanitary, and the German word *Gesundheitspflege* as *eisei* in Japanese 衛生. For Sensai, guarding life became a term approximating sanitation. In her analysis, Rogaski translates Sensai's *eisei* as hygienic modernity, explaining the presence of the key role of the state in this conceptualization. As a neologism, the new *weisheng* described the work of the central government, the scientists, the physicians, the police, the military, and the people to implement governance to protect the national body. For Nagayo Sensai and other Japanese state-builders, *eisei* was a key link in building a wealthy and powerful nation. In short, the people were to practice hygiene and sanitation, and where they fell short, the state was to intervene to impose health. Rogaski's thesis

[13] Ibid, 26.
[14] Ibid, 136-137.

shows that implementation of the policy of hygienic modernity in Tianjin was an important factor in consolidation of Japanese political power in a colonial context.

Sonja Kim, however, points out that other key Meiji Japanese officials such as Ogata Iijun used the term *eisei* but with no conception of state involvement. While some Japanese officials such as Sensai saw a role for the state in hygiene, many Korean people understood *wisaeng* as having no relationship with the state.[15] The Korean case thus bears close similarity with that of the nineteenth-century United States. Nancy Tomes shows that, at the level of the domestic household, people in nineteenth century Philadelphia adopted ideas of hygiene independent of the state.[16] The phenomenon of "the private side of public health" produces eclecticism in medicine, bearing similarities to the newly developed *yangsaeng* practices in early twentieth century Korea.

A key Rogaski contribution, however, is to show how the Japanese colonial rulers in Tianjin used public health policy in the form of *weisheng* as a central instrument with which to impose rule on a subjugated people. The Japanese rulers used the same rhetoric of *wisaeng* in Korea in 1910 as they had in Tianjin beginning in 1902. However, as Sonja Kim has shown, the Korean state had committed to policies of implementing hygiene and sanitation well before Japanese annexation in 1910.[17] Thus, the Japanese colonial policies of highlighting hygiene as central to colonial rule were not new in Korea. Instead, the *wisaeng* policies saw a continuation of already existing governing norms. Thus, Koreans were largely accepting of *wisaeng* as a necessary component of nation building and

[15] Kim, 2006, 303, fn. 6.
[16] Nancy Tomes, "The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900," *Bulletin of the History of Medicine* 64.4 (Winter 1990): 509-539.
[17] Kim, 2006.

healthcare.[18] The *Chosŏn Medicine World* shows, however, that Koreans did not passively accept the Japanese definition of *wisaeng*. By engaging the colonial state in debate, Koreans inverted the Japanese narrative of *wisaeng*. Insisting on retaining the original meaning of the word (guarding life) prior to colonization, Koreans argued that *wisaeng* was largely a personal affair, with a minimal role for the state. To strengthen their argument even further, Koreans prioritized *yangsaeng* as key in building a strong Korea. It is important to note that *wi* (衛) in *wisaeng* literally means to defend or guard. On the other hand, *yang* (養) in *yangsaeng* means to nourish, cultivate, or to build up. *Wisaeng* is thus passive, rather than active, while *yangsaeng* stresses being active, or taking the initiative. Thus, as the Japanese rulers rationalized *wisaeng* as a requirement for civilization, Koreans argued that *yangsaeng* practice was a requirement for a strong Korea. Its practice fostered strengthening of the individual together with cultivation of the self. To cultivate the self required the act of *yang*, which is to actively strengthen Koreans. It also was a statement in support of older Korean cultural resources.

Koreans argued that *wisaeng* and *yangsaeng* were complementary. As Rogaski argues in her study of Tianjin, China, the view of hygiene as modern was one of controlling the external environment entwined with enforcing state power. She shows that an earlier view of the "guarding life" (original meaning of *weisheng*) in China, however, held that the individual body could be strengthened to enable prevention of disease. It is this view that continued to flourish in Korea in the 1910s.

[18] Although Todd Henry argues that many people in Seoul were not enthusiastic about state-led *wisaeng*, he also shows that most people gradually came to see the benefits of hygiene and sanitation.

Eastern-medicine physicians' views on wisaeng

Whereas the state model of *wisaeng* focused on cleanliness and sanitation, Eastern-medicine physicians in Korea understood *wisaeng* in at least two ways. The first understanding was of *wisaeng* as concerned with the external earthly environment, in contrast to *yangsaeng* as concerned with the internal human environment of the body and mind. The second understanding was to put *wisaeng* in the Western medicine category in contrast to *yangsaeng* in the Eastern medicine category, although they also saw overlap and commonality between the two terms.

Firstly, Eastern-medicine physicians thought of *wisaeng* as belonging to the realm of external pathogens. However, they conceived of pathogens more as environmental factors, such as wind, cold, and damp that are carried through the air, rather than only biological agents such as bacteria. This understanding of *wisaeng* was closer to the old concept of "guarding life," of vigilance against the presence of climatic pathogenic factors. However, claiming that *wisaeng* is a new medical method, the authors explain the need to also be aware of chemical pollutants in the air. The authors' explanation of a clean environment, therefore, combines both older climactic concepts such as wind, but also new scientific concepts such as carbon.

> Most important are clean air and water. We now know from chemistry that there are harmful elements in the air and water. It is now important that we beware of polluting the air. We need to be careful of mildew. Harmful elements in the air such as carbon can damage our lungs and general health. Likewise, we need to be aware of harmful elements in

water. Therefore we must take care to breathe clean air and drink clean water.[19]

First we see the absence of the state in this brief explanation of *wisaeng*. Second, unlike the *Seoul Press* emphasis on cleaning up streets, the Eastern-medicine physician view is firstly concerned with bad air. Instead of emphasizing refuse and human waste, they directed attention to unseen pathogenic elements in the air and water. Their concern with drinking clean water, however, shows clear commonality with state policies. For example, *The Seoul Press* announced with some pride: "The surface of the city (Seoul) has been torn up, and the pipes and mains laid for a modern water system, which will constitute the veins and arteries of the new Seoul that is already fairly on the way to construction."[20]

Although not stated specifically, it is likely that the reference to bad air was due to people burning wood to keep warm in the colder months.[21] Although this was not a major concern of the state at the time, with the new phenomenon of the urbanization of Kyŏngsŏng in the 1910s, the physicians were likely saw increased smoke from wood burning as damaging to the lungs. Also, aside from more visible elements such as smoke,

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[19] *East-West Medicine News*, (*Tongsŏhakpo* 東西學報) 7 (1918) : 57-58. As with Koreans' primary concern with clean air, in eighteenth century Europe, with the renewed interest in the six non-naturals, air was generally regarded as preeminent among them. See Vladimir Jankovic, *Confronting the Climate: British Airs and the Making of Environmental Medicine*, (Basingstoke: Palgrave Macmillan, 2010). Jankovic frames the European interest in both private and public cleanliness as a reinvention of Hippocratic medicine that highlighted environmental factors in health. David Cantor's edited volume, *Reinventing Hippocrates*, (Aldershot: Ashgate, 2002), examines the many ways with which Hippocrates was reframed as a new medical authority in early modern Europe. The reinvention of Hippocrates bears some similarities with the reinvention of the meanings of both *wisaeng* and *yangsaeng* in Korea in the 1910s.

[20] *The Seoul Press*, September 15, 1907.

[21] Todd Henry shows that people in Seoul often took doors from public toilets in order to use as firewood. See Henry, 2014, 136. In winter, Koreans customarily used direct heat transfer from wood smoke for under floor heating. The system is called *ondol* 溫突. Still today, on cold winter mornings in Korea, it is common to see people standing huddled around wood-fires on sidewalks.

the physicians explain the presence of invisible elements in the air, a concept recognizable in the continuing tradition of understanding each geographical location as unique with its own particular *qi*. In explaining the importance of geographical place in the new *wisaeng*, the authors find common ground between Eastern medicine and Western medicine.

> We believe in the importance of geographic location…we use therapies according to location, season, and time of day…Western medicine shares with us the view that the location of living quarters is important. A quiet location is best. To stay healthy, choose living quarters according to the soil. The soil must be clean. If not, pollution (*wa* 汚) can seep upwards into the air, thus going into your home, and infecting you with bacteria. Therefore, it is also important to let air flow freely through your home. Also, choose your living quarters according to the direction your home faces. For example, you need sunlight in your home in order to receive yang qi. Also, correct arrangement of furniture is important for your health. Within an area, a high location is better, and in your building, the healthiest is the second floor. However, in the hotter season, it may be cooler to stay on the first floor, thus it will be better for your health. …Also dress according to the seasons, wash and hang-dry your clothes daily, and use good material, so as not to harm your skin.[22]

[22] *East-West Medicine News* 8 (1918): 44-45. This passage develops on a similar passage in *East-West Medicine News* 4 (1917): 61.

The view of the importance of cleanliness and correct placement of home and furniture prioritizes the avoidance of infection of bacteria. While some elements of geomantic placement are present, other elements have been stripped away. Much of geomancy in the Chosŏn period paid attention to location relative to ancestor's graves, tablets, or tombs.[23] Geomancy also considered geographical siting according to mountains and rivers, and so on. In 1918, there is a new focus on cleanliness within older geomantic concepts.

Following this passage we read a detailed analysis of the benefits or disadvantages of different types of clothing, including hats and shoes, with cotton being best.[24]

> Three layers of clothing are recommended. The first layer next to the skin is to regulate the body temperature. The second layer should be permeable to qi, to allow for circulation (*t'onggi* 通氣).[25] The third layer is to protect the body, but the clothes in this layer need to be easily washable (*sajŏn* 除垢).

Readers need to adapt the recommendation of three layers of clothing according to the four seasons and the temperature. They are also instructed on the crucial importance of women selecting and wearing suitable underpants.[26] "If the underpants are not clean, bacteria may infect children and cause disease."[27] The authors do not explain why it is

[23] Hong-key Yoon, *P'ungsu: A Study of Geomancy in Korea* (Albany: State University of New York Press, 2017).
[24] *East-West Medicine News* 8 (1918): 48-49.
[25] Pertinent to the concept of promoting circulation, Volker Scheid argues that scholars have missed the central importance of the free flow of qi (*tongqi* in Chinese 通氣) in the history of Chinese medicine. "Promoting free flow in the networks: Reimagining the body in early modern Suzhou," in *History of Science* (2017): 1-37,
[26] *Chosŏn Medicine World* 2 (1918): 31.
[27] Ibid.

women who may pass on bacteria to children, but maybe it was understood that women were more involved than men in caring for infants, and so more often in close physical contact. Nor do they specify why there needed to be special attention to women's underpants, though their menstrual cycles is the obvious subtext. The new definition of *wisaeng* redefined some clothes as more or less sanitary than others.

Cho Byŏng-gŭn was introduced in the previous chapter as chief editor of the *East-West Medicine News*. Continuing as chief editor of the *Chosŏn Medicine World* in 1918 he took a slightly different approach to previous writings that had emphasized Cold Damage medicine, by arguing that good *wisaeng* practice was a public responsibility.[28] He discussed the importance of good *wisaeng* practice in public spaces. His example is on good toilet habits.

> Do not urinate or defecate at will. Find a toilet to do it. When you have finished, flush the toilet. Do not dirty public areas. If you do not practice this type of *wisaeng* as a habit, bacteria will be able to spread to cause infectious disease.[29]

The discussion on toilet habits is the closest that Cho or his colleagues get to *wisaeng* as a public health issue. Having framed *wisaeng* as also an issue of public spaces, Cho then switches back to the issue of the individual. For Cho, the key concept of *wisaeng* pertains to personal restraint and moderation in one's habits. The main issue is the cultivation of good *wisaeng* customs (*p'ungsok* 風俗).[30]

[28] See chapter two of this dissertation.
[29] *Chosŏn Medicine World* 8 (1919): 74-75.
[30] Ibid.

In summarizing their new interpretation of the *wisaeng* concept, the *East-West Medicine News* authors argue that it is a combination of Eastern and Western medicine. For example, they suggested that if one applies the concept to diet, one can assess a type of food by its qi qualities according to yin-yang theory.

> Food should be selected that is easy to digest. That is the most basic principle, but we should also consider aspects of modern science such as body metabolism (*taesa* 代謝). If someone does more exercise, they need to consume more food. Also, we need to understand food's effects on such components as carbonic acid, uric acid, fat, and protein. A varied diet can help to ensure that the diet meets all the body's nutritional requirements.[31]

The discussion on diet sees an eclectic approach that accepts both Eastern and Western medicine concepts in tandem. There is no sense that Western medicine concepts nullify Eastern- medical ones. Rather than an either-or approach one finds an easy acceptance of a medical bilingualism in which Eastern and Western medical concepts complement each other.[32]

Aside from medical bilingualism, two major issues, closely related to each other, stand out in thinking about *wisaeng* in 1910's Korea. The first is the emphasis on *wisaeng* as an issue of individual responsibility. Unlike in Rogaski's study of Tianjin, for Koreans, the state is more in the background. The second issue is that the discussion on *wisaeng* in

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[31] *East-West Medicine News* 8 (1918): 51-52.

[32] Marta Hanson describes medical bilingualism as the ability not only to read in two different medical languages, but also to understand their conceptual differences and value for therapeutic interventions. Marta Hanson, "Is the 2015 Nobel Prize a turning point for traditional Chinese medicine?" *The Conversation*, October 5, 2015. https://theconversation.com/is-the-2015-nobel-prize-a-turning-point-for-traditional-chinese-medicine-48643 Accessed July 29, 2018.

Korea resembles late European Renaissance understandings of preventive healthcare more than it does any state-led rhetoric on *wisaeng* as method of governance.

On the first issue of the role of the individual, in their analyses of *wisaeng* Eastern- medicine physicians never mention the state. Their understanding rather was within a framework of behaviors with which one can best adapt to the external environment in order to prevent disease. With detailed discussion of *wisaeng* as a code of individual behaviors to prevent disease, there was comparatively less attention paid to public health aspects, such as keeping streets clean, that depended on state efforts. The understanding here is focused on what an individual can do for their own healthcare, rather than for the interests of the state. Even though the authors state that *wisaeng* is a new healthcare method, incorporating Western medicine's recognition of chemical and biological agents as potentially harmful to health, their framework draws much still from older cultural beliefs. For example, their discussion on the most salubrious siting for living quarters draws from older beliefs in geomancy (*p'ungsu* -lit. wind and water 風水). The authors acknowledge the presence of harmful biological agents in water such as bacteria, but place relatively more emphasis on Eastern medical concepts such as potential damage to a person's qi and their yin-yang imbalance.

As new medical concepts in the late Renaissance in Europe coexisted with humoral medicine so did qi and yin-yang coexist with Western medical concepts in 1910's Korea. Furthermore, as the late Renaissance in Europe saw a renewed interest in medical regimen, Koreans responded to the escalated presence of Western medicine in the early twentieth century with a renewed interest in *wisaeng* as preventive medicine. Some of the historiography to date has framed Eastern and Western medicine as mostly

antagonistic concepts unable to coexist or as fundamentally incompatible.[33] Such a type of analysis fails to draw out the multiple facets in Western medicine itself. It is not a single entity and not only about doctors performing healing acts on people. For example, the Korean authors' central concern with clean air and water, and the importance of place resonate with an important idea in Hippocratic medicine of the key importance of the immediate external environment in influencing health and disease. As stated earlier, highlighting the primary importance of air and water in *wisaeng* draws on the old belief in geomancy (lit. wind and water, *p'ungsu*). Thus, whether it was done consciously or not, *wisaeng* practice in Korea can be understood as a degree of convergence of geomancy with the Hippocratic medicine of *Airs, Water and Places*.[34] I do not mean to argue that the Korean authors claimed to draw from European late Renaissance medicine. Rather, Koreans were careful to argue that their ideas on *wisaeng* came from their own life experiences in understanding their relationship with the environment. This formulation meant that, despite their historical origins, the Koreans gave no credit to Japanese state-led formulations and directives on *wisaeng*.

The Japanese colonial administration's claim of hygiene as a new scientific concept related to modern Western medicine falls short if we examine the historical evidence. Nancy Tomes has shown the personal side of public health in which ordinary people in nineteenth century Philadelphia practiced hygiene and sanitation in the home, independent of the state.[35] Tomes's analysis reminds us that much of healthcare was

[33] For example, Suh, 2017.
[34] Sandra Cavallo shows how the revival of attention to external environment in medicine in late Renaissance Italy was framed as a return to attention to Hippocratic concepts from Greek antiquity. "Secrets to Healthy Living: The Revival of the Preventive Paradigm in Late Renaissance Italy," in Elaine Leong and Alisha Rankin, eds., Chapter 9 in *Secrets and Knowledge in Medicine and Science, 1500-1800*, (New York: Routledge, 2011), 191-212.
[35] Tomes, 1990.

historically domestic, rather than being a state-centered project. Koreans in the 1910s also underlined hygiene or *wisaeng* as a home based custom. In that sense, even though the Korean authors claimed they were combining Eastern medicine with Western medicine, their discussion demonstrates similarities with late Renaissance ideas of regimen. Sandra Cavallo has convincingly shown that preventive medicine flourished in Europe in the early modern period, from the sixteenth century onwards.[36] As with the Korean authors in the 1910s, there was a proliferation of instructions on cleaning, on sex, on appropriate clothing for health, on diet, on household arrangements, and even furniture. Cavallo's analytic term of an early modern European "culture of prevention" bears parallels with the Korean slogan three centuries later of *wisaeng* custom, with its professed goal of prevention. *Wisaeng* as preventive medicine certainly did exist in Korea prior to the 1910s, but it was more closely related to an individual effort at strengthening internal qi (similar to regimen) than public-health cleaning of the external environment that the colonial state emphasized.

Whereas physicians in Korea saw *wisaeng* as concerned with elements in the external environment, they saw *yangsaeng* as more decisive in health as it concerned the recognition that the quality of the individual's body and mind played a more decisive role than external environmental factors. In short, if the individual's health is strong, external factors such as pathogens are less able to intrude and cause illness. Furthermore, whereas *wisaeng* was thought of as more defensive in effect, and thus warding off diseases, *yangsaeng* practice was more proactive and believed to cure disease through a set of practices, behaviors, and mental attitudes believed to be important in treating disease.

[36] Sandra Cavallo (2011), 191-212.

While *wisaeng* in Korea in the 1910s in some ways resembled early modern European and North American cultures of prevention, the same cannot be said for *yangsaeng*. While the practitioners explained that Korean *yangsaeng* breathing practices were a product of new reforms in health practice, they also argued that that they drew inspiration from East Asian traditions of medical and religious teachings. Rather than *yangsaeng* is also better understood as part of the debate on how Koreans were to frame the challenge posed to them of what constitutes a strong nation. By practicing *yangsaeng*, Koreans operated in a space independent of the colonial state, thus claiming healthcare as a practice that enhanced good health as well valorizing valuable Korean cultural resources. The following sub-section highlights a selection of examples of discussion of *yangsaeng* followed by a case study of breathing practice, one selected aspect of *yangsaeng* that illustrate these main points.

Yangsaeng methods for longevity

In discussing the benefits of *yangsaeng*, the *Chosŏn Medicine World* gave an account of an eighty-year-old man who, as a *yangsaeng* enthusiast, had come to enjoy good health and carried himself like a young man.[37] The author attributes the man's youthfulness to his appropriate behavior, which involved adapting to cyclical time as well as the active effort in administering self-care. For example, "He lived according to the seasons of the year. Importantly, he practiced self-massage daily, rubbing all the parts of his body, from his face, ears, and on to his limbs."[38]

[37] *Chosŏn Medicine World* 2 (1918): 69.

[38] People keeping a disciplined routine and administering self-care has appeared more in Chinese records than Korean records. For example, during the Chinese Qing period (1644-1911), the Qianlong Emperor

Continuing the theme of living according to the seasons, an article on *yangsaeng* in 1919 explains that in order to receive the qi of the cosmos, one must work to experience the variation in qi of different locations.[39]

> It is about experiencing qi yourself. To learn how to feel the qi, start by changing your environment. Leave the city, and experience the qi of different locations. For example, city qi is different from countryside qi, and mountain qi is different from lowland qi.[40]

Here, the author continues the theme of self-conscious activity in which people relate to and interact with the environment, The author goes on to explain that breathing different types of qi is not just generally beneficial, but can also reduce the amount of bacteria in the body. "Apart from quelling bacteria, good breathing of qi can keep the kidneys and back warm. Breathing in good qi enables good circulation through the meridians, thus preventing aging and also reversing diseases."[41] Here, the author advocates the specific practice of developing breathing skill.[42] Deliberate breathing, the authors tell the readers, facilitates the free flow of qi in the body with a range of health benefits, while at the same

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(1711-1799 乾隆) is recorded thus: "He ate only two meals a day, at eight and two. He exercised upon awakening, attended to state business after breakfast and spent the afternoons reading, painting and practicing calligraphy. He maintained this schedule, wherever he went, well into his later years. The records list Qianlong's exercise regime as including knocking the upper and lower teeth together, swallowing his saliva, plucking his ears. Rubbing of his nose, rolling his eyes, and kneading his feet, followed these routines. Finally he would stretch his limbs and raise his arms." See Chen Keji, "From Emperors to Fisheyes: A Conversation about Chinese Medicine with Dr Chen Keji," *Heaven Earth, The Chinese Art of Living* 2.1 (May 1992): 1-11.

[39] *Chosŏn Medicine World* 8 (1919): 63.

[40] Ibid.

[41] Ibid.

[42] The Qianlong Emperor's records claim that upon waking he would find a place with pure, fresh air and do intensive breathing exercises. Chen Keji (1992), 3.

time performs an antibiotic role. Thus, as yet another example of medical bilingualism, while drawing on older concepts of qi flow in the meridians, *yangsaeng* aids in the specific biological action of "quelling bacteria."

Not only can *yangsaeng* subdue bacteria. The author goes on to explain that it can cure specific disease. Thus, *yangsaeng* can both prevent and cure disease. The author give detailed descriptions on specific methods combining breathing and body-rubbing to heal diseases, according to the categories of the four organs - liver, lungs, kidney, and spleen. To give one example, for liver disease, the authors advise readers to sit comfortably while practicing breathing and to use the flat of one's palms to vertically rub both flanks. Although the authors did not include specific cases they did tell the readers that they may perform self-healing for a range of problems.[43]

In a separate article in the same volume on *yangsaeng*, the author emphasizes restraint in sexual intercourse and the merits of sexual restraint in general. The author cites the *Treasured Mirror of Eastern Medicine* to explain the reasoning for the benefits of moderation:[44]

> Essence, qi, and the spirit comprise the most vital substances in the body. It is necessary to conserve them, and not to overly expend them, in order to maintain good health. While breathing exercises help to replenish the essence (*chŏng* 精), which is stored in the lower cinnabar field (*tanchon* 丹田), immoderation of sexual intercourse diminishes the essence necessary for long life.[45]

[43] *Chosŏn Medicine World* 8 (1919): 63.
[44] *Chosŏn Medicine World* 6 (1919): 67.
[45] Ibid, The lower cinnabar field is located on the lower abdomen two or thee inches below the umbilicus.

Notable here is the evidence of continuity in medical thought. Concepts such as the essence and the cinnabar field were the accepted view according to the medicine of the *Inner Canon of the Yellow Emperor*. The essence was considered to be the most precious fluid in the body, responsible for longevity. It was thought to be most concentrated in the area below the umbilicus. Chinese intellectuals and Western-medicine physicians excoriated these concepts as backward superstition in the same period.[46] Yet, these ideas caused little anxiety amongst Koreans, and continued to be thought of as central to understandings of the body in the 1910s. Part of the evidence for this continuity in medical thought lies in the wide popularity in *yangsaeng* breathing exercises in this period.

While breathing exercises and attention to lifestyle and regimen were considered important, another theme throughout the journals was the attention to a moral component in good *yangsaeng* practice.[47] In discussion on achieving good health through certain lifestyle practices, compassion (*in* 仁) was the concept that was most featured. For example, an author cited the Chinese philosopher Laozi (老子 died 533 BCE) in arguing "To achieve good health, one needed to stabilize one's intention to cultivate compassion and righteousness. Once having achieved a pure heart, you can help the poor (*chebin* 濟貧) and save the suffering (*p'algo* 八苦)." The reasoning was that if one practiced

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In China in the same period, the lower cinnabar field was a favored target of critics of Chinese medicine. The Western medicine physician and senior politician Tang Erhe (湯爾和 1878-1940) and Chen Duxiu (陳獨秀 1879-1942) the co-founder and first General Secretary of the Communist Party of China, co-wrote an article ridiculing Chinese medicine. One of their main arguments was the ridiculous concept of the lower cinnabar field, Tang Erhe and Chen Duxiu, "The Triple Burner and the Lower Cinnabar Field " (*Sanjiao* and *Dantian* 三焦丹田), in *New Youth* (*Xin Qingnian* 新青年) 4.5, (1918): 483-484.

[46] Tang and Chen, 1918. I write about Tang Erhe in chapter two of this dissertation. Even though Tang could see the political necessity of registering Chinese medicine physicians in China, he nevertheless criticized Chinese medicine concepts of the body,

[47] *Chosŏn Medicine World* 8 (1919): 69. Kumoi-ko 雲居子 is listed as the translator for this passage.

compassion, the heart would be purified. The heart is related to the spirit. Thus, by benefiting the spirit, the person's overall qi would be strengthened and stabilized. *Yangsaeng*, therefore was a concept that was understood as cultivating a coterminous body and mind, through practicing compassion. Among the range of *yangsaeng* practices, "inner vision breathing exercises" (*naegwan* 內觀) were described as the most popular form of *yangsaeng* practice and the most effective as a therapy for a range of diseases and so the next subsection examines the new meanings of these exercises in this period.

Yangsaeng breathing

> As part of *yangsaeng* practice, a revolution has been achieved after reforms in the practice began ten years ago. Essentially, the inner vision (*naegwan* 內觀) breathing practice has become so popular that it has become a fashion. Simply put, it involves sitting meditation, breathing, and inner visualization.[48]

The upsurge in the popularity of *yangsaeng* practices in Korea at the level of people's daily lives in the 1910s paralleled the increase in state-led *wisaeng* discourse. Whereas prevention (of disease) was the key concept in Eastern-medicine physicians' understanding of *wisaeng*, it was longevity in the case of *yangsaeng*. Evidence of the widespread popularity of such breathing practices corrects the established view in the historiography in which Western medicine has become dominant. The popularity in Korea of *yangsaeng* breathing into the cinnabar fields also parallels Xun Liu's study of

[48] Aoyagi Nanmei, "Health and Longevity *Yangsaeng* Commentary," (*kŏngang jangsu ron* 健康長壽論) in *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 7 (1919): 69.

Daoist practitioners in Republican period Shanghai, the same time period as this study.[49] Liu offers a corrective to the established view of Daoist decline in China by showing an increase in popularity of breathing *yangsheng* practice in China in the twentieth century.[50] It is important to note that *yangsaeng* in 1910s Korea was understood as an assemblage of practices including diet, sleep, lifestyle habits, sex life, and so on. Examining breathing practice as one aspect of *yangsaeng* illustrates how people then sought to improve their chances of longevity. Breathing practice is also an example of incipient Korean-Japanese convergence in medical ideas and healthcare practices. In this section, I first introduce the key *yangsaeng* discussants in the Eastern-medicine journals, and what was at stake for them. I then discuss the major components in popular *yangsaeng* practice in Korea in the 1910s, including deep breathing and calming the mind.

Before discussing *yangsaeng* further, the issue of Aoyagi Nanmei (青柳南冥 1877-1932) needs to be addressed, since his name appears as author of many of the articles on breathing exercise. Little is known about his life, but we do know that he lived in Korea during the colonial period. From 1913, he wrote extensively until his death, publishing more than twenty books in Korean and Japanese on Korean history, culture, politics, and so on. It could be argued that as a Japanese author, he cannot speak as an authentic voice on Korean *yangsaeng* practices. Indeed, all modern-day scholars have ignored him. However, the reality was that large numbers of Japanese and Chinese lived

[49] Xun Liu, *Daoist Modern: Innovation, Lay Practice, and the Community of Inner Alchemy in Republican Shanghai*, (Cambridge: Harvard University Press, 2009).
[50] *Yangsheng* is the Chinese word for the Korean *yangsaeng*.

in Korea during the colonial period.[51] The population was neither heterodox nor monocultural. While understanding that Aoyagi was a Japanese person, he wrote and published in the Korean language in a journal managed and edited by Koreans. While he did write from his own perspective, he also wrote in a Korean context about *yangsaeng* practice in Korea. Thus, Korean *yangsaeng* is best understood as a heterogenous field of practices with diverse origins and antecedents.

In 1918, a debate on *yangsaeng* occurred in the pages of the *Chosŏn Medicine World*, in which an unnamed reader questioned *yangsaeng* practitioner Aoyagi Nanmei on the provenance of inner vision *yangsaeng*.[52] Aoyagi's role as an enthusiastic advocate of Eastern medicine in Korea complicates the existing historiography that emphasizes a sharp Korean/Japanese binary in which Japanese people disdain traditional healing practices in Korea.[53] Aoyagi wrote of the *yangsaeng* "revolution" in Korea as one in in which many people were practicing his breathing meditation method. "My practice involves using the inner vision method. This method promotes a healthy body. Large numbers of people are practicing it daily in all corners of the country."[54] According to Aoyagi, the practice of his method was a Korea-wide phenomenon.

Before discussing the practical application of Aoyagi's *yangsaeng* method, I first examine one reader's commentary by the *Chosŏn Medicine World*, which sought to explain the method's historical origins.[55] We do not know whether the reader was

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[51] For Japanese settlers in Korea, Jun Uchida, *Brokers of Empire: Japanese Settler Colonialism in Korea, 1876-1945* (Cambridge: Harvard University Press, 2014).
[52] *Chosŏn Medicine World* 7 (1919) 69.
[53] Park Yunjae's work is representative of the Korean/Japanese binary. Park, 2006, 2008.
[54] Ibid, 1919.
[55] Aoyagi, Nanmei 青柳南冥, 健康長壽論 (*kŏngang jangsu ron*, Health and Longevity *Yangsaeng* Commentary) *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 6 (1918): 67.
Neither the reader's name nor gender is given.

Korean, Chinese, or Japanese though he was most likely male While Aoyagi wrote that people were practicing his inner vision method, the reader expressed his uneasiness with the widely held belief that this was a modern innovation in *yangsaeng* practice that could be explained by physiology and anatomy.[56] According to him, the popular belief in Korea at the time of writing was that Aoyagi's method was a modern adaptation of the style the Japanese Buddhist scholar, Hakuyūshi (白幽子 ?-1709) taught. The reader questioned this belief in Hakuyūshi as progenitor of the *yangsaeng* widely practiced in 1910's Korea. Hakuyūshi practiced his scholarship in Kyoto (京都) in the late sixteenth and early seventeenth centuries, in the Myoshinji Temple (妙心寺) of the Rinzai school (臨濟宗) which belonged to Zen Buddhism (禪). Considered a Buddhist teacher of sage status by numbers of adepts in Japan, Hakuyūshi was also a renowned martial artist and calligrapher.[57] However, while making sure to praise Hakuyūshi for his great contribution to *yangsaeng* with his inner vision method, the reader's concern was to trace the origins of the practice to China long before Hakuyūshi in early seventeenth century Japan.[58]

The reader's questioning of Hakuyūshi's role in teaching the inner vision method points to two questions unstudied in the historiography. Firstly, the reader's suggestion is that many Korean people understood their *yangsaeng* practice as one of Japanese Zen

[56] He does not elaborate on what he means when he refers to the use of physiology and anatomy, but it is likely that he felt uneasy with the framing of *yangsaeng* as a modern innovation.
[57] Ito Kazuo 伊藤和男, "Hakuyūshi's Calligraphy 白幽子の墨跡," in *Japan Fine Arts Technique* (*Nihon Bijutsu Kogei* 日本美術工芸) 12 (1961): 48-50.
[58] The reader's argument of Chinese origins refers to inner vision. Pierce Salguero gives an example from sixth century China of breathing meditation using the mind to visualize the qi in the cinnabar field. Salguero frames the Chinese scholar-monk Zhiyi's (智顗 538-597) treatise on healing with meditation as Indo-Sinitic medical syncretism. Zhiyi is best known as the founding patriarch of the Tiantai (天台) School of Buddhism. Tiantai is regarded as the precursor school to Sŏn Buddhism.
Pierce Salguero, "Healing with Meditation: "Treating Illness" from Zhiyi's *Shorter Treatise on Śamatha and Vipaśyanā*, chapter 37 in Pierce Salguero, ed., *Buddhism and Medicine: an Anthology of Premodern Sources* (New York: Columbia University Press, 2017), 382-389.

Buddhist origin. If it is true that many Koreans were drawing on seventeenth-century Japanese scholar Hakuyūshi for their breathing practice, it reinforces the work of present-day scholars such as Yumi Moon and Nayoung Aimee Kwon who have shown that there was more convergence between Korea and Japan across a range of areas in the early twentieth century than previously described in the scholarship.[59] Secondly, if, as the reader explains, many people believed they were practicing a method from Zen Buddhism, the phenomenon suggests more attention is needed to evaluate the influence of Buddhism in twentieth century practice of Eastern medicine in Korea. Buddhism had been officially discouraged during the Chosŏn Dynasty and also unstudied in the secondary literature on modern Korean medical history. The popularity of *yangsaeng* practice suggests a significant Buddhist convergence with healthcare practice in colonial period Korea.

According to the reader, the origin of the inner vision *yangsaeng* method could be traced to the Chinese divination text from antiquity, the *Changes of Zhou* (*Zhouyi* 周易 1000 BCE-750 BCE) and the Chinese scholar of antiquity, Laozi (died 533 BCE 老子). The reader made two main arguments. One was that the roots of inner vision *yangsaeng* had its roots in Chinese antiquity, and the second was that the theoretical origins of inner vision lay in Daoism.

[59] Yumi Moon, *Populist Collaborators: The Japanese Colonization of Korea, 1896-1910*, (Ithaca: Cornell University Press, 2013). Moon examines the Ilchinhoe, a reformist group consisting of many Koreans who campaigned for Japanese rule in Korea. Nayoung Aimee Kwon, *Intimate Empire: Collaboration and Colonial Modernity in Korea and Japan*, (Durham: Duke University Press, 2015). Kwon examines the cultural intimacy between Korea and Japan during the colonial period. Also, Carter Eckert, in his study of Park Chung Hee, shows how large numbers of Korean men who joined the Japanese military forces during the colonial period formed close, if complex, relationships with their Japanese contemporaries. Carter Eckert, *Park Chung Hee and Modern Korea*, (Cambridge: Harvard University Press), 2016.

> The inner vision *yangsaeng* method comes from Laozi. Specifically, it is explained in the *Biographies of Immortals* (*Liexuan zhuan* 列仙傳 25-220 CE).[60] Just reading that text is not enough, but also reading the *Changes of Zhou* will ensure a full understanding of the thinking required to practice inner vision.[61]

Despite the reader's statement, the *Biographies of Immortals*, a hagiography of Daoist luminaries in China, was not written by Laozi. It was traditionally attributed to the scholar Liu Xiang (劉向 ?-6 BCE), but modern scholars are not convinced by the veracity of his authorship, and do not know who was the original author. Nevertheless, the author's intention seemed to be to give inner vision practice a Chinese rather than Japanese origin, and a Daoist rather than Zen Buddhist theoretical base.[62] The reader went on to state that the most important factors in inner vision practice are Daoism (*Togyo* 道教), Korean Daoism (*Sŏndo* 鮮道), and the way of medicine (*ŭido* 醫道), which all explain inner vision practice. To supplement the Daoist origins of inner vision *yangsaeng*, the reader adds that in "our country" (*uri nara* 我國), the martial arts (*mudo* 武道) have also always played a significant role in inner vision practice. We can only speculate, but the reference to "our country" shows the possibility that the reader was

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[60] See *New Biographies of the Immortals*, (*Xin yi lie xian zhuan* 新譯列仙傳), (Taipei: San min shu ju, 1997).This text states that breathing in the sun's energy through in the open mouth will give great results in cultivating morality, p. 33. There is also a discussion on the benefits of breathing practice, p. 56.

[61] Aoyagi, Nanmei 青柳南冥, *Kŏngang jangsu ron* 健康長壽論 (Health and Longevity *Yangsaeng* Commentary) *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 6 (1918): 67.

[62] Nathan Sivin questions the assumption held by many that breathing practices were Daoist. He believes it is a retrospective assumption to declare breathing practitioners as Daoist. He shows that large numbers of people practiced breathing exercises from about the second century BCE, but there was little or no sense at the time that they were drawing from Daoism. Nathan Sivin, "On the Word "Taoist" as a Source of Perplexity, with Special Reference to the Relations of Science and Religion in Traditional China," chapter VI in *Medicine, Philosophy and Religion in Ancient China* (Variorum, 1995), 303-330. On breathing, 318-319.

Chinese. Throughout all the other pages of the Eastern medicine journals, Korean authors did not use that term. Furthermore, it was uncharacteristic of Koreans to discuss martial arts together with medicine. In contrast, there is a long historical strand in China of associating martial arts with medicine.[63]

The reader also argued that many Korean people believed that the Korean medical text the *Treasured Mirror of Eastern Medicine* was the main native text to explain inner vision practice.[64] He explains that the *Treasured Mirror* is inadequate for a full understanding of inner vision, thus the necessity to go back to Chinese texts of antiquity. The reader does not explain in what way the Chinese texts explain inner vision practice. Nor does the reader explain why he or she was making the case for Chinese origins and what he understands by the term Daoism. However, it is likely that he or she was anxious to question Korean people's shift in the 1910s away from the Chosŏn Dynasty official policy until 1894, of deferring to China on matters of intellectual import. However, official policy did not prevent many Korean scholars from questioning Qing Chinese intellectual authority. Subsequently, a major consequence of the Chinese Qing defeat by Japanese forces in the Sino-Japanese war of 1894 was the significant decentering of China by many Korean intellectuals. In expressing his anxiety around the popular understanding in Korea of inner vision *yangsaeng* as having Japanese and Korean

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[63] The married couple Wong Fei-hung (黃飛鴻 1847-1924) and Mok Kwai-lan (莫桂蘭 1892-1924) are examples of famous martial artists in China, who were also Chinese medicine physicians. See Ben Judkins, "Lives of Chinese Martial Artists (11): Mok Kwai Lan-the Mistress of Hung Gar," in *Kung Fu Tea* website, accessed July 9, 2018.
https://chinesemartialstudies.com/2018/05/13/lives-of-chinese-martial-artists-11-mok-kwai-lan-the-mistress-of-hung-gar/

[64] Hŏ Chun, *Treasured Mirror of Eastern Medicine* (*Tongŭi Pogam* 東醫寶鑑) Seoul: Ministry of Health and Welfare, 2013 reprint (English translation). There is only one brief page in the *Treasured Mirror* that discusses internal training of cinnabar circulation, with no mention of breathing *yangsaeng*. Part I, 34-35.

origins, he is representative of the strand of thinkers who sought to preserve Chinese intellectual authority.

After expressing his perspective on the so-called modernity of inner vision *yangsaeng*, he concluded that, nevertheless, Hakuyūshi deserved his current fame in Korea. His reasoning was based on the assertion that Hakuyūshi's knowledge was built from his readings of the sages of the past of the Hundred Schools of Thought (*chejabaekka* 諸子百家).[65] Thus, the reader's point is that Hakuyūshi himself drew from Chinese sources of antiquity. "Hakuyūshi read medical teachings (*ŭigyo* 醫教), but most importantly he read and drew on Daoism (*Togyo* 道教) and teachings of the sages (*sŏndo* 仙道)."[66] For the reader, it was Hakuyūshi's ability to apply the teachings of the sages that accounted for the current overwhelming popularity in Korea of his inner vision method. "Hakuyūshi is very popular. He is the model in terms of *yangsaeng* practice. I argue that we should continue to practice the Hakuyūshi method."

Having established the existence of a debate around *yangsaeng* practice in Korea that reflected the anxiety around Korea's relationship vis-à-vis China and Japan, it now worthwhile to examine the practical application of inner vision *yangsaeng* practice.

Breathing and inner visualization

Aoyagi Nanmei explained that longevity was the fundamental goal of breathing practice. In his understanding, one key factor in longevity is destiny. He argued by citing Hakuyūshi that destiny is related to what a person has inherited upon birth.

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[65] The Hundred Schools of Thought refers to the various schools of thought during the Eastern Zhou (*Dong Zhou* 東周) period in China (770-256 BCE).

[66] Aoyagi, Nanmei 青柳南冥, 健康長壽論 (*kŏngang jangsu ron*, Health and Longevity *Yangsaeng* Commentary) *Chosŏn Medicine World*, (*Chosŏn Ŭihakkye* 朝鮮醫學界) 6 (1918): 67.

Demonstrating evidence of an incipient medical bilingualism, Aoyagi said that the older concept of destiny could be understood by using the new term of genes. His argument was that the genes can be altered by *yangsaeng* practice such as breathing, but also by practicing moderation in terms of diet, alcohol and sex, and so on.[67] This example of pairing an older concept-namely destiny-with a modern one-namely, genes-creates new conceptual overlap between previously incommensurable terms. It is arguably an example of what I call incipient medical bilingualism wherein the author is in the process of mastering two medical languages and making conceptual bridges between the two. Altering one's destiny in the older Eastern-medicine understanding or altering one's genes in the new Western- medicine understanding in his conception could be done through *yangsaeng* practices to enhance general good health for extending lifespans.

> The most basic method is to meditate by sitting quietly (*chŏngjwa* 靜坐). This is called to practice *Sŏn* (禪).[68] This means to sit motionless and undisturbed. To breathe, inhale qi through the nose, and exhale through the mouth. The aim is to breathe deeply so that the qi is concentrated in the lower cinnabar field, as described in the *Treasured Mirror of Eastern Medicine*…there are three cinnabar fields.[69] Qi is concentrated in the upper cinnabar field, in the chest area; the spirit is concentrated in the

[67] Physicians of Western medicine today accept that genes can change due to lifestyle factors. For example, Rosanna Krakowsky and Trygve Tollefsbol, "Impact of nutrition on non-coding RNA epigenetics in breast and gynecological cancer," *Frontiers in Nutrition* 2.16 (May 2015): 1-25.
[68] The term *Sŏn* is known more widely in the English-speaking world by the Japanese word *Zen*. It is known as *Chan* in Chinese. *Sŏn* is understood as a Buddhist meditative or contemplative practice.
[69] *Treasured Mirror of Eastern Medicine*, Part II, 1174. Seoul: Ministry of Health and Welfare, 2013.

> middle cinnabar field in the abdominal area; and the essence is concentrated in the lower cinnabar field, below the umbilicus.[70]

Aoyagi's emphasis on quiet sitting was a common practice for practitioners of Buddhist and Daoist practitioners in Korea, Japan, and China. Distinctive to Korea, however, was the claim of a simplified inner vision method, albeit drawing on Hakuyūshi. Aoyagi explained that inner vision was based on Buddhist beliefs of the body.

> In Sŏn Buddhism, the body consists of four elements, called the Four Greats (*Sadae* 四大). With inner vision method, a person can harmonize the four elements, of earth, water, fire, and wind. In this form of Buddhist practice, the practitioner sits quietly while placing one hand over the other on the lap.[71]

While breathing and sitting quietly were important, most essential was using the mind to imagine the qi being directed to the lower cinnabar field. Calming the mind in order to facilitate imagining (*sangsang* 想像) the downward direction of the qi was decisive in successful practice. Although quiet sitting was recommended, inner vision breathing could also be practiced while lying down on one's back, and even when busy in one's job.[72] Aoyagi gave the example of a busy journalist at work.[73] Although a journalist has many tasks to work on, and it is impractical to sit quietly, on another level, even when active, the person can use inner visualization to calm the mind by sending the qi to the lower cinnabar field. Therefore, the inner vision method could be practiced at any time, regardless of what one was busy with. The key to success, Aoyagi argued, was to calm

[70] *Chosŏn Medicine World* 6 (1918): 71.
[71] Aoyagi Nanmei, in *East-West Medicine News* 6 (1918): 65.
[72] Ibid, 67.
[73] *Chosŏn Medicine World* 7 (1919): 69.

the mind, which he portrayed as having visible positive changes to one's health occurring in a few weeks and months as long as one persisted with the inner visualization. Once changes to one's body occurred there would also be, in his formulation, a concurrent change in consciousness (*kago* 覺悟).[74]

Solar breathing

Although inner visualization could be practiced at any time and any place, yet another breathing method practiced in Korea depended on the time of day and the weather conditions.[75] An unnamed author described the popular practice of solar breathing (*taeyang hohŭp* 太陽呼吸). The author also claimed solar breathing as a uniquely Korean practice that drew on the power of the universe. To practice solar breathing, morning was best, since it was the time of rising yang qi. If possible, sunrise was nominated as the best time. "With an open mouth, direct the qi from the chest region, then to the upper abdomen, and then to the lower abdomen." As with inner vision, breathing in the yang qi of the sun was believed to help to bring about extension of one's lifespan.

> To practice solar breathing, find an outside area, while facing the sun. Then open the mouth to breathe in the sun's qi. Then incorporating the inner visualization technique, the sun's qi should be sent to the sea of qi (*kihae* 氣海) in the lower cinnabar field.[76]

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[74] Readers are not given an explanation on what is meant by a change of consciousness, but it is likely that this is a reference to the notion of Buddhist enlightenment. In Buddhism, if a practitioner reaches a level of consciousness (*kago*), it is believed that he or she can escape the wheel of suffering with the paradoxical understanding that physical suffering is the result of a certain state of mind.

[75] *Chŏson Medicine World* 8 (1919): 62.

[76] Ibid.
The sea of qi is a specific area within the area of the lower cinnabar field. It is also an acupuncture point below the navel.

To help to achieve longevity, the inner visualization practice demanded the conscious direction of the qi by using the mind. Thus, similar to Aoyagi, the author argued that the act of conscious thought (*sayu* 思維) was most important in successful practice.

While solar breathing shared with the quiet sitting breathing method the benefit of promoting longevity, according to Aoyagi Nanmei, solar breathing was also effective in curing diseases.[77] Aoyagi argued that sunrays were effective in killing bacteria. Again, demonstrating what I consider to be an incipient form of medical bilingualism, Aoyagi used Western medical concepts to discuss the effectiveness of solar breathing. With the statement "The sunrays produce a chemical effect that kills bacteria," he did not mean that the sunrays alone kill bacteria. The curative effect of killing bacteria manifested when using the *yangsaeng* breathing method while facing the sun and breathing in the sunrays using visualization. Many domestic hygiene texts in early twentieth century United States also discussed the disinfectant properties of sunlight.[78] For example, a popular text for domestic use stated that, "All disease germs…*are killed by direct sunlight,"*[79] However, in Korea, it was believed that these disinfectant properties worked when combined with *yangsaeng* breathing exercises fro individual bodies.

According to Aoyagi, solar breathing was a specific healing practice that also treated a range of diseases. His examples included venereal disease (*hwaryubyŏng* 花柳病). "Through practicing the solar breathing method, we have also seen patients cured

[77] *Chosŏn Medicine World* 10 (1919): 67
[78] For example, S. Maria Elliott, *Household Bacteriology* (Chicago: American School of Home Economics, 1914); S. Maria Elliott, *Household Hygiene* (Chicago: American School of Home Economics, 1911) 24; Mary Taylor Bissell, *Household Hygiene* (New York: The Baker and Taylor Co., 1894).
[79] Elliott, 1914, 26. The italics are Elliott's. She provided evidence through petri dish experimentation.

with testicular nodules, venereal disease, and endometriosis." Aoyagi explained that with the solar deep breathing method, the patient with testicular nodules reached full recovery.

Aoyagi's explanation of the efficacy of solar breathing came from his personal observation of patients, with their recovery from disease, together with his observation of peoples in other countries. Firstly, he attributed the healing efficacy of the method to the result of a synthesis of the sunrays with the use of imagination of the inner visualization method. Thus, the synthesis of the sun's rays with the strength of the human element with the breathing practice produced what he called a powerful force (*seryŏk* 勢力) able to cure disease. Secondly, to explain the reasoning behind breathing practice, Aoyagi claimed that the people of the South Pacific region, whom he describes as Indians, were often naked, and thus exposed to the Sun, which promoted their good health and longevity. Finally, Aoyagi wrote that he understood that some people might doubt the efficacy of solar breathing, but that he was convinced of its healing benefits.

Belief in the healing power of the sun was shared across various cultures around the world. The ancient Egyptians and the Aztecs are just two examples of people who prayed to the sun to give healing. We can only speculate, but Aoyagi's positive example of naked people in the South Pacific enjoying health benefits was likely related to the growing Japanese interest in Southeast Asia in the 1910s.[80] The sun also featured in folk religion and shamanism in Korea and Japan. In Korea, much of the veneration of the sun as deity was related to the centrality of Hae Mosu (解慕漱) in an important foundation myth of the fourth century BCE in which he was the son of heaven, and thought of as

[80] Shinji Yamashita, "Constructing Selves and Others in Japanese Anthropology: The Case of Micronesia and Southeast Asian Studies," chapter 4 in Shinji Yamashita; Joseph Bosco; J. S. Eades, eds., *The Making of Anthropology in East and Southeast Asia*, (New York: Berghan Books, 2004), 90-113.

representing the power of the sun.[81] In Korean shamanistic healing practices, *Haenim* (lit. Sun Goddess 해님) was often called upon to dispense her healing power.[82] The sun was also central in Japanese mythology with the Sun Goddess Amaterasu (天照) customarily worshipped as the progenitor of the Japanese people. Much more than was the case in Korea, conceptualizing the Sun Goddess as the Japanese people's central ancestor was important in Japanese state building since the eighth century.[83] The symbol of the sun in the center of flag as a symbol of authority began in the eighth century, and became the Japanese national flag in 1870. In the colonial period, the Japanese flag also sometimes included the depiction of the sunrays. At the same time, the Blue Sky with a White Sun served as the flag of the Nationalist Party of China (*Kuomintang* 國民黨) which ruled China from 1911.[84] The solar breathing practiced in Korea in the 1910s thus needs to be understood in this context of the sun as not only healing source, but as a broader symbol of power rising in the East, which was also often related to political power. Aoyagi was incorporating older beliefs in the numinous healing power of the sun by placing them in a scientific framework, as he understood it. Instead of a "heavenly" ability to heal, the sun was now explained as causing a chemical healing response in the human body. Instead of the sun being called upon to help drive out evil spirits, as in popular shamanic practice, it

[81] See 'The Lay of King Tongmyŏng," 25-30 in Peter Lee, *Sourcebook of Korean Civilization: Volume I, Volume from Early Times to the Sixteenth Century* (New York: Columbia University Press, 1993).
[82] Many words in the Korean language are originally Chinese terms, having being incorporated into Korea over time. However, the old Korean words also remain and can also be used in speech and writing. People may choose which term to use, even if not all are aware of whether a word is from Chinese or old Korean.
[83] Wm. Theodore de Bary; Donald Keene; George Tanabe; Paul Varley, *Sources of Japanese Tradition, Second Edition, Volume One: from Earliest Times to 1600* (New York: Columbia University Press, 2001), 69.
[84] The White Sun flag was the Party flag from 1911 and later became the official flag of the Republic of China in 1928, and continues as such today in Taiwan. The white sun radiates twelve rays, each representing the twelve months and the twelve traditional Chinese units of time (*shichen* 時辰).

was explained as being able to emit rays that killed identifiable bacteria that caused disease.

While Aoyagi also sought to place the solar breathing practice in a Western medicine framework, rather than simply presenting the practice within the Korean shamanistic framework of praying to the Sun Goddess, he also placed it in an Eastern medical framework. Firstly, he used the Chinese word *taeyang* (太陽) for the sun, instead of using the old Korean word of *Haenim* (해님).[85] In this context the word *taeyang* means the sun but also literally means great yang. Thus, going beyond ideas of sun worship, he used *taeyang* as a metaphor for maximum yang. Practicing solar breathing, he thought healed due to its effect of strengthening yang qi in the body. Secondly, Aoyagi stressed the human role in solar breathing practice in that successful practice required conscious intentionality of the human mind to direct yang qi to the lower cinnabar field. Only then could the sunrays' energy unite with qi in the body to treat disease. Aoyagi combined older folk healing beliefs toward the healing sun with Eastern medicine's yin-yang conception of bodily balance and then gave it the foundation of scientific language associated with modern disease terminology such as cancer.

Clinical trials

Yet further evidence of a synthesis of Eastern medicine healing concepts with the newer conceptual frame of scientific language lies in Aoyagi's discussion of conducting medical

[85] Many words in the Korean language are originally Chinese terms, having being incorporated into Korea over time. However, the old Korean words also remain and can also be used in speech and writing. People may choose which term to use, even if not all are aware of whether a word is from Chinese or old Korean.

"experiments" (*silhŏm* 實驗).[86] He wrote that he gathered a group of people in a village to practice deep abdominal breathing together each morning for a month. Without giving any details or specifying how many people were in the group, he wrote that everyone reported great benefits to their health with visible positive changes to their bodies. He also wrote that he formed groups who would record the results of their deep breathing practice at periods of two months, three months, six months, and ten years. Although we do not have records of these groups' experiments, Aoyagi did report the result of one clinical experiment in 1915 of a single patient with myopia. "The patient faced the sun, practicing open-mouth breathing. He directed the qi of the sun from the universe down to his sea of qi. He inhaled the beneficial qi and exhaled the unwanted qi." Without giving any details, Aoyagi stated that, after eight months, the patient achieved good results, however, without giving any further details we cannot know what he meany by this related to myopia.

Even if rudimentary, this anecdote provides of attempts to carry out clinical trials within the Eastern medicine community in Korea. Most significant is the new recognition of the relevance of quantification as evidence for the benefits of Eastern medicine. If the clinical trial was the language of the new Western medicine with its quantifiable measures, then this trial is yet another example of the incipient medical bilingualism in Korea. Despite the ineffable qualities of qi, at least the results of the breathing exercises were measured and recorded. I have found no other evidence of any form of clinical trials concerning Eastern medicine in Korea during the colonial period. According to Yong-Suk Kim et al, clinical trials in acupuncture began in 1983 and continued until 2001

[86] *Chosŏn Medicine World* 8 (1919): 62.

during which physicians conducted 124 clinical trial studies.[87] Yet, none were randomized and double-blinded, meaning that there was little difference in methodology with Aoyagi's trial.

Comparison of breathing exercises in Korea and Japan

Breathing practice with an experimental frame also occurred in Japan in the same time period. Scholars have begun to study the widespread popularity of breathing exercises in Japan in the 1910s.[88] Hundreds of groups were established, with many people practicing many different styles. Nevertheless, the popularity of breathing practice and of *yangsaeng* in general in Korea remains unstudied. The absence of scholarship on breathing practice is also part of the pattern of scholars writing on Japan and Korea in isolation from each other. The evidence here shows, though, that there was already an incipient convergence of medical practice in Korea and Japan in the 1910s.

The fact that a popular movement of breathing exercises for health occurred simultaneously in 1910's Korea and Japan in the very soon after Japan's annexation of Korea suggests a form of convergence. While people practiced breathing exercises in Korea, Japan, and China since antiquity, there is no evidence of such a proliferation of practitioners in large numbers of groups as seen in the 1910s. As a Japanese scholar

[87] Kim, Yong-Suk; Hyungjoon Jun; Younbyung Chae; Hi-Joon Park; Bong Hyun Kim; Il-Moo Chang; Sung-heel Kang; Hye-Jung Lee, The Practice of Korean Medicine: An Overview of Clinical Trials in Acupuncture, *Evidence-based Complementary and Alternative Medicine* 2. 3 (September 2005): 325-352. In contrast to the near absence of Eastern-medicine clinical trials, Western medicine trials, as to be expected, were common during the Japanese colonial period. See Sihn, Kyu-Hwan, Research on endemic diseases and Japanese colonial rule: focusing on the emetine poisoning accident in Yeonheung and Haenam counties in 1927, in *Journal of Medical History Ŭisahak* 18.2 (Dec. 2009): 173-188.

[88] See Yu-chuan Wu, "A Disorder of Qi: Breathing Exercise as a Cure for Neurasthenia in Japan, 1900-1945," *Journal of the History of Medicine and Allied Sciences* 71.3 (2015): 322-344.

practicing and writing on breathing practice in Korea, Aoyagi provides further evidence of an incipient Korean-Japanese convergence. The influx of Japanese settlers in Korea from the 1910s meant that medicine was not a homogenous entity that was only practiced by Koreans. While there were similarities between Korea and Japan in terms of the popularity of breathing exercises, there were also differences. Although breathing practice was not uniform across the many groups, some general patterns in Korea and Japan may be identified.

Kenzo Futaki (二木謙三 1873-1966) was the most famous among the hundreds of breathing exercise teachers in Japan in the 1910s.[89] As a prominent Western medicine physician, he also advocated the use of traditional herbal medicine. He advocated as well deep abdominal breathing that he claimed he learnt from the writings of the Japanese nativist scholar-physician Hirata Atsutane (平田篤胤 1776-1843).[90] While breathing exercises in Japan in the 1910s were associated with a Japanese nativist bent as a form of resistance to Western medicine, breathing practice in Korea was framed as part of the broader field of Eastern medicine, and as complementary to Western medicine. In Korea,

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[89] Futaki was born into a long family line of prominent physicians of Chinese medicine. He graduated from Tokyo Imperial University and after earning his doctorate became a professor there. As a distinguished microbiologist, he served as a director of the National Institute of Infectious Diseases and was a long time president of the Japanese Association for Infectious Diseases.
See Yu-chuan Wu, 2015, 322-344. For Atsutane, see 326-335.

[90] On Futaki drawing on Atsutane's work, see Susan Burns, "Mental Healing, Neurasthenia, and Masculinity in Prewar Japan," unpublished paper presented at workshop on "Changing Figures in Japanese Vernacular Religions," Johns Hopkins University, Baltimore, April 28, 2017. For further information on Atsutane see page 7.
Atsutane was known as a leading "National Learning" (*kokugaku* 國學) scholar. Under his influence, nativism, which he associated with Shinto, spread throughout the Japanese countryside. He was anti-Chinese and contemptuous of Westerners. His main ideas were related to strengthening the ideology of worshipping the sun-goddess, Ameratasu, in politics and religion. Trained as a physician, he was well known for writing advice articles on healthcare practice.
See Marius Jansen, *The Making of Modern Japan*, (Cambridge: Harvard University Press, 2000) 208-210. Also Walter Odronic, *Kodo taii (An Outline of the Ancient Way), An Annotated Translation with an Introduction to the Shinto Revival Movement and a Sketch of the Life of Hirata Atsutane*, PhD dissertation, University of Pennsylvania, 1967.

the *Chosŏn Medicine World* showed that practitioners were not drawing on nativists such as Atsutane but instead drew on Hakuyūshi, a scholar discussed earlier in this chapter, who drew his inspiration from Chinese texts. Hakuyūshi was remembered in Korea as a sagely scholar who practiced Buddhist Sŏn meditation. Korean practice, therefore, focused on inner vision practice.

Not only were the scholarly antecedents different in Korea and Japan with regard to breathing practice, but also its practice served differing social needs in each country respectively. As part of *yangsaeng*, breathing practice served as a robust response to *wisaeng*, that in the 1910s was one of the most visible manifestations of Japanese colonial rule. In the 1910s, Japanese colonial rulers were anxious to limit or eliminate many forms of healthcare not sanctioned by the state. However, if famous professors such as Kenzo Futaki were teaching breathing exercises in Japan, there was little to no justification for proscribing them in Korea. Thus, even if they were a reinvention of imagined practice of the past, breathing practices created a safe space in Korea in the sense that it was framed as part of Eastern medicine. In that sense, *yangsaeng* practice escaped any state attempts at regulation or prohibition. Practiced widely in Korea, it kept alive the language of Eastern medicine, such as qi and the five agents, in daily social collective practice. The entwinement of these breathing practices and Eastern medicine, thus served as a field in which Koreans could express their cultural identity. While there was surprise in Korea at Japan's annexation in 1910, with the real uncertainty of the extinction of Korea as a nation, on the other hand, there was no sense of urgency to safeguard Japan as a culture or as a nation. Thus, while breathing was often framed as an alternative form of medical therapy to Western medicine in Japan, it served to reinvent

older native medical practices, rather than bear the mantle of national survival, as it did in Korea.

Since breathing practice in Korea was understood to be a *yangsaeng* method, longevity was its primary stated purpose. Secondly, practicing solar breathing was thought to cure diseases in general. On the other hand, breathing exercise in Japan was mostly understood as a method of mental healing to treat neurasthenia, defined as type of nervous debility.[91] The Japanese records do not discuss longevity as a primary aim of breathing exercises, as they did in Korea. As well as neurasthenia, a stated purpose of Futaki's abdominal breathing was to strengthen the abdominal muscles, in order to improve overall blood circulation.[92] The attention to musculature and nerves emphasized in the Japanese discourse did not feature in the Korean records. In Korea, the theoretical frame of the body was one consisting of qi, the mind, and the five agents, while in Japan the focus in breathing exercise was on treating the newly conceptualized nerves in the body. Japanese breathing exercise was understood as a mechanical action of placing the body's center of gravity in the lower belly.[93] Thus, there was a fundamental difference in understandings of the body. In Japan, while qi and the cinnabar fields were mentioned as important, most attention in breathing practice there was focused on physical structures of the body. Nerves were believed to be central to mental health. On the other hand, for Korean practitioners, the body's most important features were qi, the five agents, and the cinnabar fields.

[91] Yu-chuan Wu, "Straighten the Back to Sit: Belly-Cultivation Techniques as "Modern Health Methods" in Japan, 1900-1945," in *Culture, Medicine, and Psychiatry* 40 (2016): 450-474.
[92] Ibid, 328-330.
[93] Ibid (2015): 340.

In framing breathing exercises as beneficial for mental health, Japanese practitioners identified the importance of the mind-body connection for good health. Likewise, Korean practitioners prioritized the mind in breathing practice. However, in comparison, the respective roles for the mind in breathing practice were inverted. In Japan, with mind healing to the fore, the mind was the principal target of therapy. The principal method to strengthen the mind was to perform mechanical breathing exercises to strengthen the belly (*hara* 腹).[94] On the other hand, in Korea, the mind was the therapeutic instrument, rather then the ultimate therapeutic object. Inner vision meant applying and harnessing the mind to help with longevity and general healing of the body. Korean inner visualization practices placed the mind as key to therapeutic ends.

Yangsaeng and the spirit

Aoyagi identified "thought" (*sa* 思) and "intention" (*ŭi* 意) as central to successful breathing practice. In explaining the role of the mind in practice he called its application the "Great Way" (or great *Dao*, *taedo* 大道). He explained that it is necessary to understand the "spirit" (*sin* 神; *shen* in Chinese) to understand the mind.[95] The earliest medical discussion of *sin* appeared in the Chinese text, *Inner Canon of the Yellow Emperor*. However, *sin* also takes on multiple meanings according to context. It is often translated as spirit, heart/mind, or consciousness, to name just some interpretations. In her study of the clinical encounter in modern China, Judith Farquhar translates *shen* (the

[94] Wu has analyzed the belly as the pivotal area to strengthen, which in turn strengthens the mind. See Yu-chuan Wu, "Straighten the Back to Sit: Belly-Cultivation Techniques as "Modern Health Methods" in Japan, 1900-1945," in *Culture, Medicine, and Psychiatry* 40 (2016): 450-474.
[95] *Chosŏn Medicine World* 4 (1918): 77.

Chinese word for *sin*) as "vitality."[96] In a different historical context, in his study of Buddhist medicine in medieval China, Pierce Salguero states that *shen* is a word with a wide semantic range that he translates as deity, divine being, or spirit.[97] In the 1910's Korean context, *sin* is best translated as spirit. As did his colleagues writing in the journal, Aoyagi understood *sin* as a complex arrangement of relationships in which organs in the body perform certain functions in the spectrum of different roles in a person's relationship with the world, broadly understood as thinking. For example, the liver is responsible for the ethereal soul, an aspect of the human thought linked to the heavens. Aoyagi describes the constellation of mind-body relationships together as constituting *sayu*, (nominal "thought," verbal "thinking.")

While most scholars and physicians in East Asia accepted the fundamental content of the *Inner Canon's* explanation of the mind, its terseness allows for variation in interpretation. Aoyagi's reading, however, represents a typical Korean physician's understanding of *sin*, as it stays close to the *Inner Canon's* original words. He put it this way,

> There are seven spirits related to the yin organs. Strengthening the yin organs strengthens the spirit. Conversely strengthening the spirit strengthens the yin organs… This process of strengthening gives us spiritual power (*yŏngryŏk* 靈力).[98]

[96] Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine*, Boulder: Westview Press, 1994. On *shen*, p. 101.
[97] Pierce Salguero, *Translating Buddhist Medicine in Medieval China*, (Philadelphia: University Of Pennsylvania Press, 2014), 155.
[98] *Yŏngryŏk* can also be translated as power of the mind. *Chosŏn Medicine World* 4 (1918): 77.

Emphasizing the close relationship between the various manifestations of the spirit and the bodily organs, Aoyagi explained each of the major organ's specific roles in terms of the spirit.

> Of the seven spirits, two are the most crucial: the ethereal soul (*hon* 魂), corresponding to the liver, and the corporeal soul (*paek* 魄) corresponding to the lungs. The liver/*hon* stores the blood while the lungs/*paek* store the qi. Blood and qi are the vital substances for the *sim*, which explains the key role for these two spirits. The spleen corresponds to intention (*ŭi*) and wisdom (*chi* 智); the heart corresponds to *sim* as a whole, meaning that the mind and heart are usually thought of as one; and the kidneys correspond to human willpower (*chi* 志). Also, the kidneys store the essence (*chŏng* 精).[99]

Hon literally means the cloud soul, but is understood as the ethereal or spiritual soul. The *hon* is thought to be able to leave the physical body and travel to the heavens. For the purpose of breathing practice, *hon* referred to a person's emotional properties.[100] *Paek* is the corporeal soul closely associated with the physical body. Thus, *hon* and *paek* together were thought to comprise a person's soul, including its range of emotions (*chŏng* 情).

Having emphasized that the mind is not a biological one, but one better understood as a constellation of spirits and emotions, Aoyagi stressed that the mind is important for successful breathing practice and that intention is key because in the five-

[99] *Chosŏn Medicine World* 4 (1918): 77. The essence was believed to be the most refined, concentrated form of qi in the body.
[100] Paul Kroll, *A Student's Dictionary of Classical and Medieval Chinese*, (Leiden: Brill, 2015), 178.

agnets theory ir corresponded to the spleen.[101] He explained that apart from strengthening the mind, one of the key goals of this practice is to calm the mind by descending heart fire.[102] In five agents theory, the heart corresponds to fire and too much fire inevitably rises upwards, thus causing agitation. Thus, for Aoyagi, bringing down heart fire, ideally through breating exercise, would help to calm the mind.

Since each of the organs is responsible for the actions of both the physical qi and the spirit, there isn't a boundary where the mind ends and the body begins and vice versa. One article in the *Chosŏn Medicine World* titled "Outlined in the *Inner Canon of the Yellow Emperor* as key medical principles, the seven emotions (*ch'iljŏng* 七情) are joy, anger, anxiety, pensiveness, sorrow, fright, and fear," explained this relationship.[103] Joy corresponds to the heart, anger to the liver, anxiety and pensiveness to the spleen, sorrow to the lungs, and fright and fear to the kidneys.[104] In such a configuration, for example, a person who engaged in inner vision breathing by visualizing qi nourishing the liver, would have been commonly understood as aiming to soothe anger and increase calmness, since the liver as viscera was paired with the emotion anger. No action or behavior, including eating or drinking, would have been understood as divorced from an emotion, and its related manifestation in bodily terms. For example, the journal authors emphasize

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[101] Volker Scheid and Dan Bensky argued that while *yi* 意 was usually translated as medical ethics, intention would be a translation more faithful to the understanding of the Chinese medical authors who used that term.
Volker Scheid and Dan Bensky, "Medicine is Signification-Moving Toward Healing Power in the Chinese Medical Tradition," *European Journal of Oriental Medicine* 2: 6 (1998): 32-40. Scheid and Bensky received much criticism for their position, with critics arguing that physicians historically did not think of *yi* as intentionality, but rather as a metaphor or a figure of speech.
[102] *Chosŏn Medicine World* 5 (1918): 75.
[103] *Chosŏn Medicine World* 1 (1918): 2. For the role of emotions in Chinese medicine therapy see Nathan Sivin, "Emotional Counter-Therapy," in *Medicine, Philosophy and Religion in Ancient* China: *Researches and reflections*, Collected Studies Series, (Aldershot, Hampshire: Variorum, 1995), 1-19.
[104] Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013. English translation. Part I, 135-140. In his discussion, Hŏ uses the *Inner Canon of the Yellow Emperor* as his source.

moderation in eating and drinking. To eat prudently would have been commonly understood as aiding the spleen, thus aiding the person's ability to think and process emotions in general. While the spleen is understood as the organ responsible for digestion of food and drink, it was also understood as the organ responsible for processing thinking (*sa* 思). To eat imprudently, such as binge eating or eating foods difficult to digest, would also impair a person's ability to think efficiently. Furthermore, since the spleen was also responsible in the production of qi and blood, eating imprudently was commonly understood to damage qi and blood in general and thus weaken the person's health.

While Aoyagi argued that breathing exercise could regulate body and mind, yet another author placed more emphasis on the seven emotions and their relation to religious practice and health. His discussion on the seven emotions in the *East-West Medicine News* questioned how the concept could apply when modern ideas had introduced a new emphasis on the physical body.[105] For example, "Of the seven emotions, anger is the most damaging to the physical organ of the heart… We have to consider the physical body, but we also need to emphasize the spiritual (*yŏng* 靈) body related to the soul (*yŏnghŭn* 靈魂)." The author was arguing that there were two aspects of the human body, the physical body and the soul. His conclusion was that the concept of the seven emotions was still relevant in medicine. The seven emotions damage the physical organs but the spiritual soul was still the most important factor in a person's health. While the physical heart was important, so was the older concept of the non-biological heart. To explain, he stated the need to remember the usefulness of Daoism, Buddhism, and Confucianism,

[105] *East-West Medicine News* 4 (1917): 74.

reminding readers "The Daoists cultivate the heart (*susim* 修心) and refine the character (*ryŏnsŏng* 鍊性) , the Buddhists clarify the heart (*myŏngsim* 明心) and observe the character (*kyŏnsŏng* 見性), while the Confucianists preserve the heart (*chonsim* 存心) and nourish the character (*yangsŏng* 養性)." The question at stake is the relationship of the mind and body with regards to health. The role of the mind, the emotions, and a spiritual aspect to a person is identified as important. The discussion here also points to a religious dimension in healing. To make such an argument was to refute the modernist intellectuals such as Yi Kwang-su, who in the 1910s were leading a strong critique of Confucianism to which we now turn to with respect to how he conceptualized the mind.

Yi Kwang-su's views of the mind

Discussion about the importance of the mind, *sin*, and the attention to emotions in Eastern medicine took place in the context of a tumultuous early twentieth century debate among Korean thinkers on the meaning of modernity related to both medicine and language. As discussed earlier, some Koreans pushed their case for retention of older cultural resources by arguing for the continued importance of Eastern medicine and *yangsaeng*. For Eastern-medicine supporters, it represented more than simply a way to treat sick people but was also a field of knowledge that, in the 1910s, represented a type of resistance to a willful destruction of older traditional concepts.

The language that physicians used to discuss the body also indicated a choice on where one stood in the debate on modernity. To advance the cause of Korean modernity, nationalist scholars, such as Yi Kwang-su (李光洙 1892-1950), for example argued for the necessity of a clean break from Chinese intellectual influence. One aspect of the

break from Chinese influence was to reform the language. Words of Chinese origin such as the medical terms *sin*, *hon* (ethereal soul), and *paek* (corporeal soul) were said to tie Korea to a bleak past, a period from which they needed to escape. The current historiography frames the Eastern medicine physicians as existing in a struggle for life with Japanese colonial authorities. Instead, we can better understand the Korean physicians as engaging in a debate with Korean nationalist modernizers. Thus to insist on retaining concepts such as *sin*, *hon*, and *paek*, was also to argue for a modernity in which old concepts such as the seven spirits coexisted with new concepts such as love.[106]

To better illustrate the complexity of the relationship between medical ideas and the wider debate on modernity, the writings of Yi Kwang-su illuminate how central was the issue of emotions for Korean thinkers.[107] As an icon of Korean nationalism during the colonial period Yi continues to be recognized as an important historical figure taught to schoolchildren. His legacy, however, continues to arouse controversy due his support of the Japanese Empire in the 1940s. He is known as a pro-Japanese traitor in both North and South Korea today. As seen in the introduction to this dissertation, as a child, Yi received medical treatment through an eclectic mix of Buddhism, Confucianism, shamanism, herbal medicine, and Western medicine. As a young adult, however, he

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[106] At age nineteen, Yi published a novel in Japanese *Maybe Love* (1909) that presaged Heartless. *Ai ka* (愛カ) *Shiragane Gakuhō*. Reprint, "Gaichi" no Nihon Bungaku Sen, ed., Kurokawa Sō 3: 21-26. *Chosēn* (Tōkyō: Shinjuku Shobō, 1996). As a atudent in Tokyo, he wrote this melancholy story about the unrequited homerotic love of a Korean schoolboy for his Japanese classmate. This scandalous story of scandalous confluences provides the foundation for Aimee Nayoung Kwon's work, Intimate Empire: Collaboration and Colonial Modernity In Korea and Japan (Durham: Duke University Press, 2015).

[107] Ellie Choi, "Memories of Korean Modernity: Yi Kwangsu's *The Heartless* and New Perspectives in Colonial Alterity," *The Journal of Asian Studies* (June 2018): 1-33.
Published online. Accessed July 25, 2018.
https://doi.org/10.1017/S0021911818000463
https://www.cambridge.org/core/journals/journal-of-asian-studies/article/memories-of-korean-modernity-yi-kwangsus-the-heartless-and-new-perspectivesincolonialalterity/F551F1B85E772EE002839843DCF774CB

approved of only Western medicine. A philosophy graduate of Waseda (早稲田) University in Japan, he was the most famous Korean intellectual of his time, dominating media space during the colonial period.[108] He is known in the scholarship as an independence activist in the 1910s. He drafted the student-led declaration of Korean independence in 1919, which led to the massive uprising of March 1919 against colonial rule.[109] He was widely considered as the leading scholar and most brilliant author in Korea from the 1910s to the late 1930s. He was the editor in chief of the *East Asia Daily News* (*Tong-a Ilbo* 東亞日報) in the 1920s, through which his ideas were read by large numbers of Koreans.[110] He is arguably best known as the first Korean to write a modern novel, with its emphasis on internal subjectivity. Through his literary writing he showed a strong anti-Confucian streak by placing himself against older traditions.[111] Eastern medicine was just one of the traditions he opposed. That he became a keen advocate for the Japanese empire in the 1940s, however, meant that Koreans know him today as a tragic traitor figure.[112]

Due to his modern-day branding as a national traitor, Yi's work is going through a pricess of rediscovery. Unremarked is that his famous intervention in the debate on

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[108] Ibid
[109] Ibid.
[110] Controversially, from 1919 when he was the chief Korean advocate for armed resistance to Japanese colonial rule, in 1921 he was advocating non-violent reform as a path to independence.
On Yi's politics, see Kyusun Han, "A Comparative Study of the Anti-Confucianism of Fukuzawa Yukichi and Yi Kwang-su," PhD dissertation, University of Newcastle upon Tyne, 1996. On Yi's changed political position, 114.
[111] John Duncan, "Uses of Confucianism in Modern Korea," chapter 13 in Benjamin Elman; John Duncan; Herman Ooms, eds., *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam*, (Los Angeles: University of California, 2002), 431-462. For Yi, 439.
[112] Nayoung Aimee Kwon's *Intimate Empire* analyzes Yi Kwang-su in detail, sensitively arguing that the historical Yi, different to the modern excoriated Yi, was acting within his own context. Kwon means that collaboration is a term that moderns can easily label on people of the past without understanding the complex circumstances of the time.
Kwon, *Intimate Empire: Collaboration and Colonial Modernity in Korea and Japan*, (Durham: Duke University Press, 2015).

literature preceded by two years the Chinese modernist literary critic and author Lu Xun (魯迅 1881-1936).[113] Scholars of China invariably credit Lu Xun for critiquing old stylized forms of literature shaped by Confucianism, and arguing for reform in writing. He came to public attention in the late 1910s and more prominently in the 1920s whereas Yi had been publishing since 1916.[114] As with the scholarship that ignores the March First 1919 protests in Korea when discussing the May Fourth Movement in China in 1919, scholars of China have usually referred to Lu Xun while ignoring the earlier work of Yi Kwang-su.[115] Yi's famous article, "What is Literature?" was published in the *Daily News* (*Maeil Sinbo* 每日申報) in 1916, for instance, two years before Lu Xun's 19198 *Diary of a Madman* (*Kuangren riji* 狂人日記). This first story and his later publications in 1919 and the 1920s using literature in a comparable way to how Yi has started using it.[116] Launching a scathing critique of Confucianism, Yi argued that its role in the formulation of classical Chinese literature was impeding modernization in East Asia.[117] He further argued that by throwing off the constraints of the formalistic Chinese Confucian-style literature, a strong Korea could be built through modernization, which

[113] Kwon shows that readers in Japan as well as in Korea followed Yi's writings. As a large proportion of the Chinese intellectual class in the 1910s and 1920s, including Lu Xun himself, were trained in Japan, it is highly likely that they had read at least some of Yi Kwang-su's work.
Karen Thornber shows that Lu Xun was close to numbers of Korean writers who lived in China. Thornber, *Empire of Texts in Motion: Chinese, Korean, and Taiwanese Transculturations of Japanese Literature*, (Cambridge: Harvard University Press, 2009), 71.
[114] "Diary of a Madman," the first story published in the Lu Xun name, appeared in 1919. Lu Xun, trans. by William Lyell, "Diary of a Madman," in *Diary of a Madman and Other Stories*," (Honolulu: University of Hawaii Press, 1990), 29-41.
[115] Karen Thornber is an exception, 2009. Scholars have recently begun to recognize the intertwined nature of the histories of Korea, China, Japan, and Taiwan. She states that in the 1910s Chinese and Korean writers wrote solidaristic portrayals of one another, p. 249.
[116] Lu Xun, trans. by William Lyell, "Diary of a Madman," in *Diary of a Madman and Other Stories*," (Honolulu: University of Hawaii Press, 1990), 29-41.
[117] Hashimoto, Satoru, "Afterlives of the Culture: Engaging with the Trans-East Asian Cultural Tradition in Modern Chinese, Japanese, Korean, and Taiwanese Literatures, 1880s-1940s," PhD dissertation, Harvard University, 2014. For Yi, 128-129; 154-194.

could be achieved when underpinned by the necessary foundation of a new modern literature.[118] Pertinent to this dissertation's argument for the need to analyze East Asia as a region, the debate on modernity in the cultural realm, and thus the medical field, occurred several years earlier in Korea than in China. It is also important to state that this debate on modernity was not one imposed by modernizing Japanese, but rather was essentially a debate amongst Koreans.[119]

Subsequent to the article "What is Literature?" Yi published the novel *Heartless* (*Mujong* 無情), for which he is most well-known.[120] As a paean to a new modernity, it was the first novel in East Asia to explore the interiority of people's minds and emotions, revolving around the complications of a love triangle. The main character, young scholar Yi Hyŏng-sik is divided between his affection for a rural *kisaeng* (妓生)[121], thus representing tradition, and an urban young woman who has adopted Western culture and aims to make a life in the United States and thus symbolizes modernity. While also being an entertaining story, the triangle primarily serves as a metaphor for the dilemma of agonizing over the seeming contradistinction between tradition and modernity, as Yi understood it, by questioning the fundamental tenets of Confucian morality and its cultural forms. In short, with *Mujŏng*, Yi Kwang-su posed the question of whether the

[118] Yi's ideas did change over time, thus it is inadequate to characterize him as simply a modernizer, arguing against tradition. For example, in the 1930s, he was deeply interested in Buddhism as an important ideology to solve Korea's problems.
Grant Lee, *Life and Thought of Yi Kwang Su* (Seoul, U-Shin Sa, 1984).
My argument places the Eastern medicine physicians as engaging in the dominant debate of the 1910s, that of modernity and tradition, with medicine and language as core elements of that debate.
[119] Duncan, 2002.
[120] Ann Sung-hi Lee, *Yi Kwang-su and Modern Korean Literature: Mujŏng* (Ithaca: East Asia Program, Cornell University, 2005). For the original Korean text, see *Yi Kwang-su Complete Works* (Samchungtang, 1950).
[121] *Kisaeng* were women entertainers or courtesans. For analysis of *kisaeng* during the colonial period see Atkins, 2010.

Confucian model, bound by old traditions, had produced a heartless Korean intelligentsia. At the same time, he also asked what had been lost in the early twentieth century Korean race to modernity. While the term *Mujŏng* is translated into English as *Heartless*, its more literal translation would be "absence of emotions." Yi argued that modern literary works, such as those of Russian writer Leo Tolstoy (1828-1910), allowed an emotional life, unknown in a Confucian culture such as found at that time in Korea. Furthermore, his use of the term *Mujŏng* (lit. "without emotion") would have been read as a refutation of the term *ch'iljŏng* 七情 (lit. "seven emotions") which was key in medical as well as cultural understandings of emotional life in Korea at the time. He hoped for a new type of emotional life in Korea based on a sentimental feeling based on the individual's interiority.[122]

Many scholars have presented Yi Kwang-su's argument as dominant in public discourse in Korea in the 1910s and 1920s,[123] However, Yi was not the only scholar to opine publically then on the nature of the human mind and the emotions. When the editorial team at the *Chosŏn Medicine World* argued for the popularity of *yangsaeng* with its conceptual model based firmly on the seven emotions, they were participating in the debate on not only the nature of the mind, but also the nature of "modernity" (*kŭndaesŏng* 근대성; 近代性) in Korea. The Eastern-medicine physicians in the *Chosŏn Medicine World* challenged head-on Yi's argument that modernity needed humanist

[122] Hwang Jong-yon, "The Emergence of Aesthetic Ideology in Modern Korean Literary Criticism," *Korea Journal* (Winter 1999): 5-35. For Yi, 21.
[123] For example, Anne Lee, 2005.

literature as its basis: "Most important in *yangsaeng* is the Heart/mind."[124] The seven emotions model served as the foundational premise for the Chosŏn state since the sixteenth century, and also for the Eastern-medicine physicians. In the sixteenth century, the Chosŏn state, in concert with scholar/officials, formally adopted the doctrine the scholar Yi Hwang (李滉 1501-1570) had elucidated on how the seven emotions were key to harmony in society.[125] Whereas Yi Hwang cited Mencius (孟子 372-289 BCE) as his philosophical authority on the centrality of the seven emotions in the life of a harmonious kingdom, the Eastern- medicine physicians in the 1910s also argued for the centrality of the emotions, but cited the *Inner Canon of the Yellow Emperor* as their classical authority. In Chosŏn Korea, unlike in contemporary China and Japan, widely propagated state- sanctioned ideology (i.e., the seven emotions as central to harmony), arguably found concrete daily expression in healing practices. In the 1910s, Korean physicians also understood the seven emotions and the mind as key components in the harmonizing and balancing they viewed as intrinsic to health and disease.[126] Furthermore, in the seven-emotions medical model, emotions could not be clearly separated from the physical body.

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[124] *Chosŏn Medicine World* 4 (1918): 77. John Duncan, 2002, argues that the debate between modernizers such as Yi-Kwang-su and the traditionalists who argued for the retention of "Confucian values," was the central controversy among intellectuals during the colonial period.

[125] Xi-de Jin, "The "Four-Seven Debate" and the School of Principle in Korea," *Philosophy East and West*, 37.4 (!987): 347-360.
Michael Kalton, *The Four-Seven Debate" an Annotated Translation of the Most Famous Controversy in Korean Neo-Confucian Thought*, (Albany: SUNY, 1994).
Philip Ivanhoe, "The Historical Significance and Contemporary Relevance of the Four-Seven Debate," *Philosophy East and West*, 65:4 (2015): 1-41.
Sasoon Yun, Critical Issues in Neo-Confucian Thought: The Philosophy of Yi T'oegye (Seoul: Korea University Press, 1990). Translated by Michael Kalton. Yi Hwang is best known by his honorific name T'oegye.

[126] Hŏ Chun, See *Treasured Mirror of Eastern Medicine*, (Korean Ministry of Health and Welfare), Part I, Spirit: 130-189.

As Yi Hwang argued, the seven emotions consisted of *qi*, and thus also manifested in a constantly changing physical body.

However, in the 1910s, with the end of Chosŏn rule, and the beginning of Japanese rule, the seven emotions were no longer a part of official state ideology. With intellectuals such as Yi Kwang-su critiquing Confucianism in general and the seven emotions in particular as obsolete and heartless (*mujong*), the Eastern-medicine physicians inserted their voices into the debate, thus ensuring that modernity in Korea took on an unusual form in which the binary between tradition and modernity was much less clear than in other parts of East Asia. In Korea, *yangsaeng* was reinvented as a primary vehicle to argue for the continuing validity and for its practical benefits of Eastern medicine. Thus, despite not having state sanction, the older medically relevant concepts of seven emotions (*ch'iljong*) and the mind (*sin*) continued as common everyday terms in Korean daily life and in public discourse.

1919 - year of change in East Asia

Just as historians of modern East Asia have overlooked Yi Kwang-su in favor of Lu Xun, they have alos neglected the confluence of Korean and Chinese anti-Japanese colonialist mass movements in 1919. Scholars who work on either China or Korea write as if the events that occurred just two months apart manifested in independent silos. The two examples, Yi Kwang-su and Lu Xun, and the anti-Japanese colonialism events of 1919, show the extent of history writing is done within national boundaries. Such a limited lens serves to place medicine in Korea, China, and Japan in separate categories, when their histories were more intertwined than scholars have shown to date.

The phenomenon of Korean physicians, and Korean people in general, insisting on continuity in medicine is better illuminated if seen alongside events in China. Much of the writing that still survives on *yangsaeng* in Korea was produced in 1919 in the *Chosŏn Medicine World*. In that year, two major events shook East Asia. On March 1 millions of Korean people rose in protest at the harshness of Japanese rule. Amid calls for independence, the dominant demands of the protesters revolved around democracy and self-determination. The subsequent response of the Japanese rulers was to relax military restrictions and to allow a flourishing of Korean culture, enabling Koreans to reimagine their own culture.

The second major shock in East Asia in 1919 was the May Fourth Movement in Peking, China.[127] Scholars of China and Korea have mostly analyzed this event as a Chinese movement without even considering that it was in part inspired by events in its close neighbor, Korea. It is mostly described in the literature as a response to the decision on the Treaty of Versailles in 1919 to allow Japan to retain political control of former German concessions in Shandong.[128] Unlike in Korea, however Chinese protesters added a demand for Science to the calls for Democracy, in their response to Japanese expansionism. Thus, two major movements that began with seemingly similar aims

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[127] The May 4 movement is named as such due to a protest march in Peking on that date. However, the movement also had much broader aims than opposition to Japanese colonialism. These aims revolved around critiquing traditions thought to be outdated and harmful, and imagining a new China based on the concepts democracy and science.

[128] Typical is John Fairbank and Merle Goldman, *China: A New History* (Cambridge: Harvard University Press, 1998), 267-268. Also, Jonathan Spence, *The Gate of Heavenly Peace: The Chinese and their Revolution*, (New York: Viking Press, 1981), 117; and Jonathan Spence, *The Search for Modern China*, Second Edition (New York: W. W. Norton, 1999), 299-308.
Rana Mitter, "Flashpoint: 4 May 1919: The Making of a New China," chapter 1 in Mitter, *A Bitter Revolution: China's Struggle with the Modern World* (Oxford: Oxford University Press, 2004), 3-40.
I am not saying that Chinese activists were galvanized into action due to concern with the Koreans' plight. I am saying that such a huge uprising, of millions of people, against Japanese rule is likely to have demonstrated to Chinese activists the possibility of successful protest.

eventually took very different directions into the 1920s.[129] Scholars agree that the 1919 protests in China took up the platform of attacks on old cultural resources, such as Confucianism and Chinese medicine, both of which large numbers of intellectuals in China attacked in the 1920s. In comparison, Korean attacks on tradition were mild, rarely approaching the vociferousness of the attacks on so-called superstition of the New Culture movement in China.

The peculiar set of conditions, in which Korea sat at a geographical and cultural crossroads, a so was clearing-house through which Chinese and Japanese ideas, old and new, came into conflict, but also cross-fertilized and coalesced, meant that it was a particularly dynamic setting for innovative thinking.[130]

The new Eastern-medicine journals placed medical ideas at the center of the debate in Korea on how to grapple with questions such as Eastern identity and the problem of adaptation to modernity. Whereas Japanese Meiji and post-Meiji ideologues and Chinese May Fourth inspired New Culture movement activists mostly argued to reject old knowledge in favor of the so-called new, Korean medical publications are representative of broader trends that accepted the new and the modern, but also supported a continuing conviction and commitment to older forms of knowledge.

Private **yangsaeng** ***and public*** **wisaeng**

[129] After I had written this section, Gi-wook Shin and Rennie Moon published an article arguing the need to understand the 1919 events as transmational history. Instead of seeing either Korea or China unique, they argue for viewing events in East Asia as part of a whole, with each part directly affecting the other. "1919 in Korea," *The Journal of Asian Studies*, 78.2 (May 2019): 399-408.

[130] The scholarship is only recently coming to an understanding of Korea as an important site of dynamic and exciting East Asian intellectual ferment in the colonial period. See Taylor Atkins, 2010, and Nayoung Aimee Kwon, 2015.
Also, for an argument to analyze Northeast Asia as a single region, see Evelyn Rawski, *Early Modern China and Northeast Asia: Cross-border perspectives* (Cambridge: Cambridge University Press, 2015).

The *yangsaeng* phenomenon in Korea in the late 1910s provides evidence of an unusual form of modernity in which Eastern-medicine physicians appropriated the language of Western science but reinterpreted it in local frameworks of understanding. While Koreans adopted *yangsaeng*, they did not also reject the *wisaeng*, but also did not accept it as the one explanatory model for either health or modernity. In Korea, Eastern medicine physicians reinterpreted the state version of *wisaeng* and incorporated it into their own medical model that largely drew on textual knowledge from the Chinese Han period. Drawing on the seventeenth-century *Treasured Mirror Of Eastern Medicine*, *yangsaeng* was reinvented for the twentieth century as the foil to the limitations of *wisaeng* as the physicians understood them. In no sense did the physicians write as though they were harassed victims. Instead, they demonstrated a confidence and pride in their explanation of health leading them to believe that their ideas and practice would make a contribution to world health. Despite being colonized during the 1910s, Korean Eastern-medicine physicians continued to insist that their beliefs would not only prevail but also develop and grow in popularity thereafter. By publishing and arguing their case, they were not only defending a medical model, but also adopting an offensive posture aiming to influence the public debate not only in the present, but also into the future. Although the colonial state's official legislation aimed to regulate physicians it could not control people's private practice in the home. Thus, the colonial state's power and reach was more limited than suggested in the extant secondary scholarship.

As Ruth Rogaski shows, the Japanese medical authorities, used *eisei* or *weisheng* as a ruling frame to impose on Japanese and Chinese populations. However, the journals, *East-West Medicine News* and the *Chosŏn Medicine World* show Koreans coopted

wisaeng in Korea for their own purposes, independent of the state. Furthermore, Koreans retooled the term *yangsaeng* by adopting it as a pointed and complementary response to *wisaeng*. Innovatively reinventing *yangsaeng* as a new exercise, while also drawing on older textual authority, meant that Koreans were able to shape their own healthcare, and thereby also shape their own form of modernity in Korea. Incorporating a nascent medical bilingualism meant Koreans adopted the language of both Western and Eastern medicines as authoritative reasoning behind *yangsaeng*. More importantly, as *yangsaeng* became a popular movement in Korea it supported a platform from which Koreans were eventually able to celebrate an Eastern Medicine Renaissance.

Chapter Four

Hanbang Healing for the World:

The Eastern Medicine Renaissance in 1930's Japan-ruled Korea

> We have created a new Eastern medicine era…Eastern medicine will thrive in the whole world. It is a great contribution for the world's people. With this Renaissance, with our consolidation of Eastern medicine, there is hope for the whole world.[1] We will transform Eastern medicine into world medicine.[2]

In April 1939, in Kyŏngsŏng (京城), the Eastern Medicine Association held a two-day Conference on East-West medicine research.[3] The journal *Eastern Medicine* declared that it was a genuine Renaissance, a "fire beacon," marking a great victory for *Hanbang* (漢方, lit. "*Han* formulas") medicine.[4] The term *Hanbang* had first come into common use in the Eastern-medicine physicians' writing in 1934. The character *han* 漢 can refer to the Chinese Han Dynasty (206 BCE-280 CE), meaning that *Hanbang* is often mistakenly translated into English as Chinese formulas. However, in the Korean context of the 1930s, *han* meant "great" or "large" and also referred to the old name for Kyŏngsŏng,

[1] *Puhŭng* 復興 is the term used for Renaissance. It implies a return to greatness after a period of decline.
[2] *Eastern Medicine* 3 (July 1939): 14-17.
[3] Held in the Kyŏngsŏng Government Peace Exchange Building, Peace Road (Taep'yŏng-no 太平路) Nuru District (ンウル市中區). It is in present day central Seoul (Kyŏngsŏng), near Namdaemun (South Great Gate 南大門).
[4] *Eastern Medicine* 3 (1939): 14. *Ponghwa* 烽火 is the term used for fire beacon. The usual metaphor in the Korean context warns of an approaching enemy. In this case, it might have been used to denote victory.

Hansŏng (lit. Han City 漢城), that meant City on the Han River (Hangang 漢江).[5] *Hanbang*, therefore, was understood in Korea as "great formulas" rather than "Chinese formulas." The misunderstanding around the translation of Han reflects a theme of this chapter, that the mainly sinocentric scholarship misses Korea's role in shaping a twentieth-century form of East Asian medical modernity distinct from that of China.

The first edition of the *Eastern Medicine* journal featured the lead article by the famous Kyŏngsŏng physician Kim Yong-hun (金永勳 1882-1974) titled, for instance, "Comment on the *Hanbang* Medicine Renaissance."[6] Kim reasoned that *Hanbang* is based on yin-yang philosophy, which captures ineffable and invisible processes occurring in the body that cannot always be tested in Western medical laboratories. Kim thereby claimed that *Hanbang* was a new discovery that combined the best of Eastern medicine alongside Western medicine. For Kim and his colleagues, such a conscious integration of Western medicine to complement Eastern medicine uniquely contributed to the world a newly articulated *Hanbang* synthesis of both medical traditions. Even though they considered *Hanbang* a form of integrated medicine, using the character *han* "great" associated with the Han river that coursed through Kyŏngsŏng placed its native Korean qualities at the forefront in its ideological formation.

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[5] Yi, Hyeong-seok and Kim Ju-hwan, *Hangang* (The Han River) (Seoul: Daewonsa, 1990), 24. Also see Kim Ki-bin 김기빈, *Korean Geographical History: Local History of Names and Places* 한국의 지명유래 : 땅 이름으로 본 한국 향토사 (Han'guk ŭi chimyŏng yurae : Ttang irŭm ŭro pon Han'guk hyangt'osa) vol. 1, (Seoul : 지식산업사 Chisik Sanŏpsa, 1986), 151-152.

[6] *Eastern Medicine* 1 (1935): 3-6. Also see Ch'a Mun-sŏp 차문섭, *The Han River Yesterday and Today* (Hangang ŭi ŏje wa onŭl 한강의 어제와 오늘) (Seoul: Seoul Current Affairs Compilation Commission, 2001). On the Han River name, 3.

After first discussing the general format of the *Eastern Medicine* journal, this chapter examines the context in which the conference was held in relation to the organizers' motivations for holding it. While examining the Eastern-medicine physicians, this article also demonstrates that Korean and Japanese interests converged with regards to a Renaissance in Eastern medicine. The Japanese colonial state did not go so far as to co-opt the Eastern-medicine physicians, but by the 1930s clearly took a new turn toward supporting Eastern medicine. This public change of policy was due to Korean physicians' persistent organizing of their profession despite opposition from Japanese officialdom in the early days after annexation in 1910, and later as well from some Korean Western-medicine physicians. Because of Korean arguments in favor of the popular Eastern medicine, the Japanese rulers eventually had little choice but to adopt a position of support. Thus, whether due to expediency or opportunism, the Japanese aligned with the Korean desire to ascribe an important status to Eastern medicine. Colonizer and colonized ended up finding common ground in pursuit of a broadly defined Eastern knowledge that specifically coalesced around the term *Hanbang*.

In Shin Chang-geon's important work on the Japanese *Kampo* revival in the mid-1930s, he shows that Japanese physicians understood their new medical formulation as an integrated East-West medicine that could lead in East Asia.[7] He also articulates Japanese anxiety regarding the Korean role in this revival. In this article, I am arguing that there

[7] Shin, Chang-geon, 'The Formation and Development of the Self-Image of Kampō Medicine in Japan: The Relationship between Showa-period Kampō and Science,' chapter 3 in Osamu Kanamori, ed., *Essays on the History of Scientific Thought in Modern Japan* (Tokyo: Japan Publishing Industry Foundation for Culture, 2016). Translated by Christopher Carr and M. G. Sheftall. Originally published 2011.

was more convergence between Koreans and Japanese than has been acknowledged to date. Koreans, as the colonized, formulated *Hanbang* with the intention of leading in East Asia and articulated their medicine as a cultural resource that played a social role in asserting Korean agency. While Korean physicians' medical practice did not actually change, adopting the old sometimes used term of *Hanbang* as a marker of science served to legitimize Eastern medicine at the level of official public discourse. On the other hand, the Japanese, as colonizers, saw *Kampo*/*Hanbang* in a more functional role. While Japanese claimed difference, and leadership, there were more similarities than differences between Korean *Hanbang* and Japanese *Kampo*. The shared vision was a form of medicine that integrated some aspects of Western medicine with Eastern medicine. In this way, the state was able to accept both *Hanbang* and *Kampo* as legitimate and not 'old.' In Korea, this acceptance manifested in a debate in the major newspapers that began in 1934. The topic of Eastern-medicine and *Hanbang* became one of the most well-known public discussion topics in Korea from 1934 onwards, to a far greater degree than in Japan. While elite Kyŏngsŏng physicians used the term *Hanbang* for political purposes, many physicians continued to use the term Eastern medicine. Nevertheless, for the Japanese of 1935 onwards to claim the independent development of *Kampo* is to ignore a major social phenomenon in Korea and to pretend that Japanese and Koreans did not speak to each other.

Global conference on East-West medicine

The 1939 edition of the *Eastern Medicine* journal claimed that the East-West Medicine conference denoted the elevation of *Hanbang* medicine in the whole world. Eastern-medicine physicians and supporters had been preparing the meeting for ten years. They were elated by its success, as their role in organizing the conference assured their status as professional physicians. Sponsorship of the conference had been a joint effort, with clinics across Kyŏngsŏng providing support. The big names in Eastern medicine were in attendance. Enthusiastic congratulatory messages of official support were also received from a wide range of Korean colonial government officials: Nishikame Sankei (西龜三圭), Director of the Government-General Health Bureau; Amagishi Toshisuke (天岸敏介), Director, Kyŏnggi Province Health Bureau; and Kita Naoharu (賀田直治), Head of the Korean Commerce and Industry Forum.[8]

Whether Eastern medicine made a mark in the world or not, the conference was nonetheless one sign that this form of medicine was well established as central in the life of Korean people by the 1930s. Unlike in China where the position of traditional Chinese medicine had been under serious assault during the same decade, Koreans were confident enough to celebrate not only the elevated status of Eastern medicine within Korea, but also its potential as a form of universal medicine on par with Western medicine to benefit the world. As well as cementing their own status through various actions, Eastern-medicine physicians had, due to convergent factors, also won the support of the Government-General, an unusual case in the history of colonial medicine.[9] Beginning in

[8] *Eastern Medicine* 3 (1939): 17-20.
[9] For examples of colonial medicine history where the opposite occurred, with traditional medicine almost destroyed, see David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); and Michael Shiyung Liu, *Prescribing Colonization: The Role of Medical Practices and Policies in Japan-ruled Taiwan 1895-1945* (Ann Arbor: Association for Asian Studies, 2009).

the 1910s, Koreans had continuously argued for the merits of Eastern medicine; this goal culminated in the 1930s with official Japanese assent and then support.

The Eastern-medicine physicians faced their greatest challenge after Japanese annexation in 1910. While the majority of Korean people had limited contact with Western medicine, the Government-General of the 1910s and 1920s was determined to present an image to the outside world of scientific progress in Korea, with medicine as a showcase of both change and Japanese largesse. Japanese official pronouncements insisted on the superiority of Western medicine and the backwardness of Eastern medicine. Japanese newspaper reports were confident that Eastern medicine would disappear before too many years had passed.[10] To hasten Eastern medicine's demise, the Government-General promulgated in 1914 the Ordinance on the Registration of Physicians that established new requirements in regards to education and training (see chapter one). Rather than surrender, Eastern-medicine physicians met the Government-General's challenge by organising themselves into professional associations and publicly resolving to meet the new education requirements. Thus, despite the hostility of official Japanese rhetoric in the 1910s, physicians made the decision not only to survive, but also to shape healthcare in Korea. Combining compliance with resistance, they persistently argued their case so that by the 1930s Eastern medicine was a positive and celebrated element in official Korean and Japanese elite discourse in Korea.

The 1939 conference, therefore, marked three decades of successful medical work, built on a base of weakness in the 1910s. Reflecting the gravity of the occasion, the resulting black-and-white group photo of the conference participants projects an air of

[10] For example, see "Western Medicine in Korea," *The Seoul Press*, June 5, 1908, which presents this view just three years after Korea had become a Japanese protectorate in 1905.

stern confidence.[11] (See Figure 4). Two hundred people are gathered at the entrance and arranged on the front stairs of a building designed in the 1930's modernist architectural style. Dressed in formal clothing, half the physicians wear "Korean-style clothing" (*hanbok* 韓服), while the other half wear formal Western suits, offset by white shirts and dress ties. Clothed in the dress of the elite class of both Korea and Western countries, the conference participants conveyed their elevated status and reflected the conference's title, East-West Medicine. The front-row of twenty seated men, more senior in age than those standing, gaze purposefully at the camera. The remainder follow suit with erect bearing, as though peering into the future. Close examination reveals two women standing in the middle of the group. Both appear to be in their twenties, and so likely younger than their colleagues. A signboard denoting the Eastern-Medicine Association leans against the building wall to the left side of the steps above the group projecting authority, confidence of status, and pride in the Korean-organized meeting.

[11] *Eastern Medicine* 3 (July 1939): 18.

Fig. 4. Conference on East-West Medicine Research, Eastern Medicine, 1939. Kim Yong-hun is in the second row from the front, 15th from the left. Cho Hŏn-yŏng is beside Kim, 16th from the left. Kim and Cho Hŏn-yŏng were key authors in the *Eastern Medicine* journal. Kim was well known in Kyŏngsŏng, but in a status-conscious Korea, he and Cho defer to their seniors by age, who sit in the front row. Kita Naoharu is 13th from left-front row.

We do not know all the detailed content of the speeches and presentations given at the conference, nor the exact words spoken in the discussions that must have occurred among the at least 216 registered delegates from all corners of Korea since few sources remain.[12] A pharmacist named Cho Chong-guk (趙鍾國 1897-1950) chaired the proceedings.[13] The "Kyŏngsŏng comrades" thought it a good opportunity to welcome guests to their city.[14] Not restricted to Koreans, Minami Haizan (南拜山, active 1900-

[12] There is a name list of the registered delegates and their home region. *Eastern Medicine* 3 (1939): 52-56.
[13] We know nothing else about the chair.
[14] Ibid., 14. *Kyŏngsŏng tongji* (京成同志) is the term used.

1939), Japanese physician of Eastern medicine and Director-General of the Way of Eastern Medicine Association (東洋醫學道會) which he cofounded in 1927, also traveled from Tokyo to attend.[15] Minami Haizan co-founded the Way of Eastern Medicine Association. In 1928, he traveled to Taiwan where he established an association branch. His activities were initially aimed at reviving Eastern Medicine in Japan and Taiwan. In 1938 he attended the first meeting of the preparatory committee for the 1939 conference in Korea and remained involved in the conference preparation with his Korean colleagues. Reflecting a theme of institution building, *Eastern Medicine* readers learn that some discussion centered on organizational tasks such as setting up colleges, hospitals, and journals.[16] Also, reflecting the theme of speaking to the world, one segment of the discussions focused on expanding Eastern Medicine into China by setting up facilities there.[17]

The *Eastern Medicine* journal published a report delivered at the conference that summed up the Eastern-Medicine Association's own nation-wide research project to assess the state of the field.[18]

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[15] *Eastern Medicine* 3 (1939): 14. See Lin Hsien-t'ang 林獻堂, 灌園先生日記 Lin Hsien-t'ang's Diary, vol. 3, 1930, (Taipei: Institute of Taiwan History, Academia Sinica, 2000 reprint), 184. Pharmacist Cho Chong-guk, Hyŏn Ho-pyŏn (玄鎬變), Kim Myŏng-yŏ (金明汝), Cho In-pyŏn (趙寅變), Kim Yong-hun, Kim Tong-hun (金東熏 1892-?), Pak Ki-chŭng (朴基承), Kim Hŭng-gu (金弘錄), and Minami Haizan were the initial members of the preparatory committee. Subsequent meetings were held throughout 1938 and, until April 1939, in the Heavenly First Apothecary (*Chŏnil Yagbang* 天一藥房) in Yeji-dong (Rites and Wisdom 禮智町) neighbourhood in Chongno District (鍾路). *Eastern Medicine* 3 (1939): 15.

[16] *Eastern Medicine* 3 (1939): 18. Nishikame Sankei, Director of the Government-General Health Bureau outlined the plan to build Eastern-medicine institutions in this article: "Eastern Medicine Renaissance: The Significance of the Political Situation," (*Tongyang Ŭihak Puhŭng ŭi Sigu Ŭiŭi* 東洋醫學復興의詩句意義).

[17] *Cheena* 支那 is the term used for China throughout all the editions of the journal. This term is now considered to be highly derogatory, but seems to have been used without negative intent in the 1930s. Nishikame Sankei also discussed the plan to expand into China. See previous footnote.

[18] "Eastern Medicine Association Founding Document" (*Tongyang Ŭihak Hyŏphŭi* 東洋醫藥協會創立趣旨書), *Eastern Medicine* 3 (1939): 10. Readers are not told of the research methodology.

> Across Korea, there are 7,561 doctors. Of these, 3,739 are *Hanbang* doctors.[19] In addition there are 9,378 medicinal product apothecaries, merchants, and growers. Of these, 7,989 are *Hanbang* medicine merchants and growers.[20]

The report presented the figures as concrete evidence of a great Renaissance in *Hanbang* medicine. By proclaiming success with this growth in numbers of doctors and apothecaries, the 1939 edition of the *Eastern Medicine* journal emphasised what they perceived to be a new *Hanbang* Renaissance.

The journal **Eastern Medicine**

Viewed from the vantage of the 1910s with the introduction of Western science and medicine, victory for the Eastern-medicine physicians was not an inevitable outcome since Eastern medicine could have easily disappeared but for Korean insistence on local healing knowledge. However, some scholars interpret the story of the Renaissance as illusory and better understood as a Korean capitulation or submission to the inevitable dominance of Western medicine.[21] They argue that Koreans were coerced into incorporating Western medicine, thus compromising Eastern-medicine practice. Whereas most scholars emphasise Korean powerlessness and surrender on the question of the form

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[19] The 1935 *Eastern Medicine* journal reported a total of 2,400 Eastern Medicine (*Tongyang Ŭihak* 東洋醫學) doctors in Korea. However, the figure of 2,400 only counts the registered physicians. *Eastern Medicine* 1 (1935): 3. This is a small total for a Korean population of 21 million in 1935. Clearly, these figures exclude the majority of unregistered healers.

[20] "Eastern Medicine Association Founding Document" (*Tongyang Ŭihak Hyŏphŭi* 東洋醫藥協會創立趣旨書) *Eastern Medicine* 3 (1939): 10.

[21] Park Yunjae, "Medical Policies toward Indigenous Medicine in Colonial Korea and India," *Korea Journal* 46.1 (Spring 2006): 198-224. Park laments the Japanese colonial repression of indigenous medicine in Korea.

of medicine that they could practice, the evidence shows that, to the contrary, Koreans accepted Western medicine, but on their own terms and by incorporating it as a supplement to strengthen Eastern medicine.

In the 1930s, the extensive and continuous coverage of debates between physicians in the mainstream newspapers was the most visible manifestation of the Renaissance. For example, in 1934, the Western-medicine physician Chang Ki-mu (張基茂 1886-unknown) placed the issue in the forefront of public discourse in Korea by famously calling for a *Hanbang* Renaissance.[22] Chang had graduated from the Korean Imperial Medical College in 1904. The next year he started working in the same college as a medical research officer. In 1908, the Korean government appointed him as a medical research officer.[23] Western-medicine physicians were considered to be among the highest elites in the Japanese Empire. Despite his prestigious status as a Western-medicine physician, nonetheless in the 1930s Chang used his prominent voice to argue that Eastern-medicine physicians deserved equal elite status.

The nationalist political activist, Cho Hŏn-yŏng (趙憲泳 1900-1988), was a similarly important figure who worked for an Eastern Renaissance generally, using medicine as the best vehicle to put it into practice. Famous throughout Korea for his passion for Eastern medicine, Cho wrote prolifically in the newspapers, while also giving many public lectures and radio talks. Throughout the 1930s, he used his publicly

[22] *Chosŏn Ilbo* (Chosŏn Daily) February 16, 1934. Chang's quarter-page advertisement in *Eastern Medicine* states that in the 1930s he was working in the First Kyŏngsang Hospital (慶一醫院), in South Kyŏngsang Province, 160 miles southeast of Kyŏngsŏng.
[23] Kim Du-jong 金斗鍾, *Hanguk Ŭihaksa* 韓國醫學史 (*A History of Medicine in Korea*), (Seoul: Tamgudang, 1981 reprint), 532.

prominent role to explain the biomedical rationale for Eastern medicine's efficacy.[24] For example, when he argued that acupuncture could stimulate the nervous system, he did not displace the older idea of *qi* flowing through channels and collaterals, but rather added another dimension to understanding the body.[25] Using biomedical principles, Cho believed, helped to explain Eastern medicine for an audience of otherwise cynical supporters of only Western medicine.

The newspaper debates on Eastern medicine concentrated on the critical issue of supporting and preserving Eastern medicine in the public eye. The newspaper coverage itself consolidated, with only some opposition, Eastern medicine's social and professional status in Korea.[26] However, physicians such as Chang Ki-mu and Cho Hŏn-yŏng presented somewhat different explanations in the *Eastern Medicine* journal that appear closer to the Eastern medicine physicians' actual thinking. There were three published volumes of *Eastern Medicine*, in 1935, 1937, and finally, in 1939, which were aimed at the audience of colleagues practising Eastern medicine. While arguing for Eastern medicine's scientific validity, the journals' content also shows that the physicians were skilled at fine-tuning their arguments according to their audiences. For one, there was more theoretical and clinical content than in the newspaper debates. Most noticeable, though, is the clear insistence on keeping to traditional theories, such as yin-yang reasoning, as central to medical practice. In the journal, physicians expressed confidence

[24] For example, *Chosŏn Ilbo*, 1934. Also see Suh, 2017, 77.
[25] For nerves, see Hugh Shapiro, "How Different are Western and Chinese medicine? The Case of Nerves," in Helaine Selin. *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures* (New York: Springer Press, 2003), 351-372. Nerves had not been a concept within Eastern-medicine practice until the twentieth century.
[26] The Western-medicine physician, Chŏng Kŭn-yang, (ca. 1912), was the main opponent of the Eastern-Medicine Renaissance. See *Criticism and Explanation of Korean Medicine*, (*Hanŭihak ŭi pip'an kwa haesŏl* 韓醫學의 批判과 解說), Seoul: Sonamu, 1987. This book is a selection of articles that appeared in Korean newspapers in the 1930s. No editor is listed in this publication. Also see Suh, 2017, 74-80.

that Eastern medicine would predominate over Western medicine. They did not articulate a sense either of capitulation to Western medicine or that Eastern medicine had any weaknesses that need to be addressed. Although less prominent in the newspaper articles, the idea of reaching out to the world runs as a thematic thread through all the journals. Aiming for a transnational audience, the journals played multiple roles, including providing news of the conference, theoretical discussions, and advertisements.

Journal structure

In terms of presentation, the cover page of the first volume features the title *Eastern Medicine* (*Tong yang ŭi yak* 東洋醫藥), which was written right to left in elegant semi-cursive calligraphy script.[27] Just above in archaic script it states "translation." The sponsoring "Eastern-Medicine Association" is clearly indicated below followed by the "East-West Research Group." (See Figure 5).

[27] *Eastern Medicine* 1 (1935), title page.

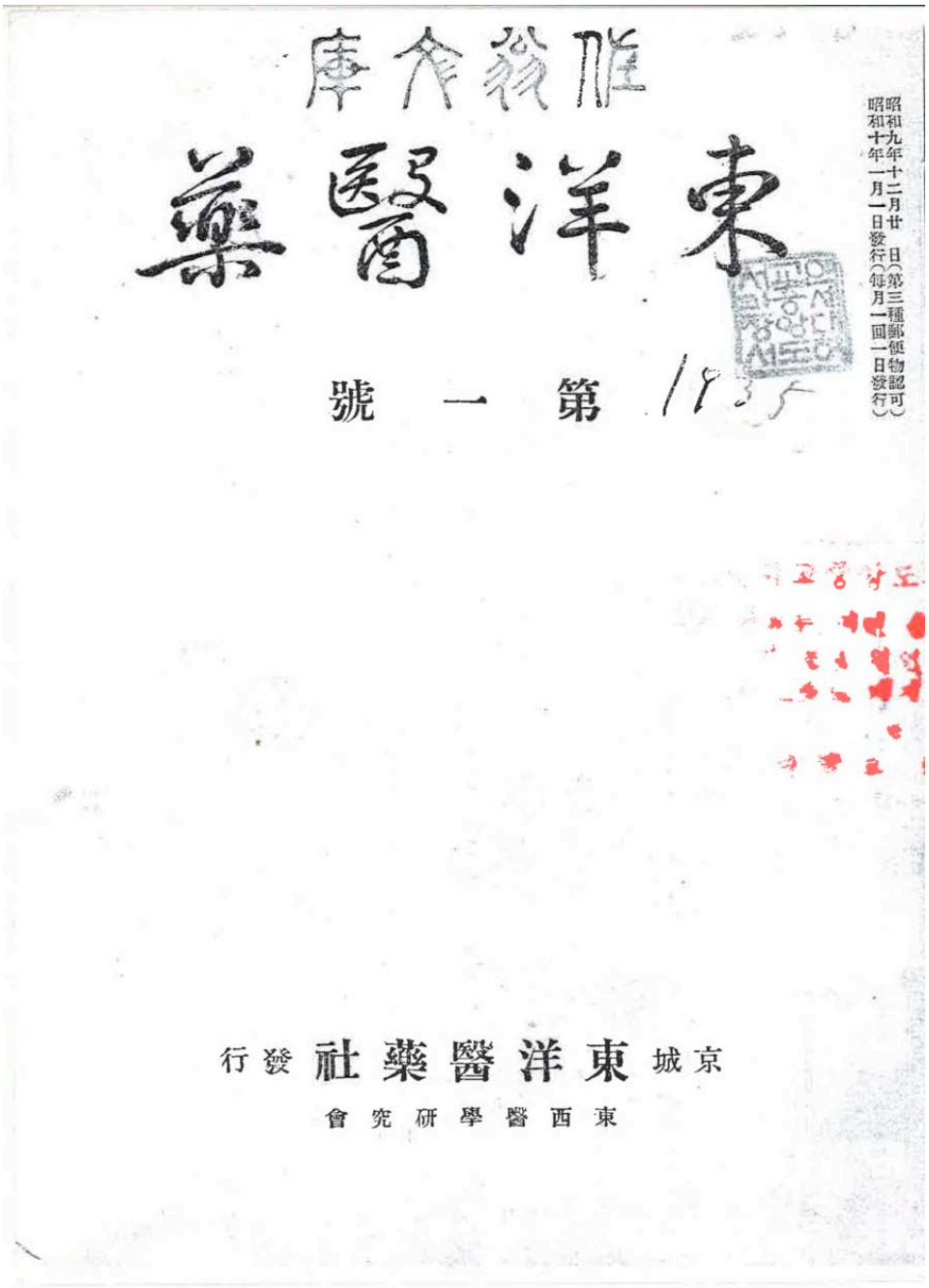

Fig. 5. *Eastern Medicine* title page, 1935.

Then, after two pages of advertisements, the table of contents appears on pages three and four. A strip at the top of pages three and four features cartoon illustrations of warriors in the countryside. (See Figure 6).

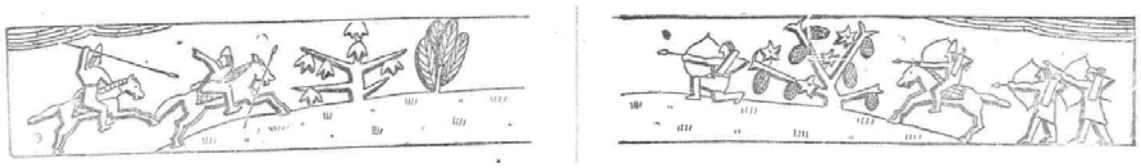

Fig. 6. *Eastern Medicine*, 1935, header for table of contents, 3-4.

On page three (right side), four archers are drawing their bows. One is on a horse while three are on foot. Arranged around a fruit-bearing tree, the archers are either preparing to fight an enemy or perhaps are just practicing archery. On page four (left side), two horse-riding warriors in full gallop wield long spears as if prepared to do battle. There is no written explanation for the pictures, but several metaphors can be understood when one situates the war-like characters in context. Most importantly, the artistic style closely resembles Koguryŏ (37 BCE- 668 CE) art.[28] Koguryŏ was a powerful Korean kingdom in East Asia that comprised most of present-day Korea as well as much of Manchuria and was influential in relation to both China and Japan. Korean nationalist thinkers in the colonial period often referred to Koguryŏ as a period of Korean power from which they drew inspiration for a Korean Renaissance in the twentieth century.[29] The Koguryŏ-style illustration of horse-riding warriors and archers clearly visualizes Korean strength vis-à-vis China and Japan.[30] With this choice of heroic art, the Korean physicians symbolically conveyed that they would continue to fight for Eastern medicine, for their own livelihood and for the Korean people's health and longevity.

The journal averages about eighty pages per volume with the majority of pages consisting of dense text on medical theory. For example, in Volume One in 1934,

[28] See Ho-tae Jeon, *Goguryeo: In Search of Its Culture and History* (Elizabeth: Hollym, 2008).
[29] See Peter Hays Gries, "The Koguryo Controversy, National Identity, and Sino-Korean Relations Today," *East Asia* 22: 4 (Winter 2005): 3-17.
[30] The artist depicts Koguryŏ scenes, but uses more modern cartoon (*manhwa* 漫畫) artistic technique.

fourteen authors wrote individual articles. These range from Kim Yong-hun's editorial with his clarion declaration of the need for a Renaissance to Chang Ki-mu's article on "Treating Psychiatric Disease with *Hanbang*."[31] As well as Chang's clinically focused article, there are articles by Yi Ŭl-u (李乙雨) on "Prescriptions for Treating Epidemic Meningitis" and by Tong Kŏ-saeng (東渠生) on "Prescriptions for Treating Bladder Infection with Hematuria."[32] Herbal prescriptions were the premier form of therapy for the physicians of the Association of East-West Medical Research. Underlining this fact, the political nationalist Cho Hŏn-yŏng published an article titled, "Principles of Materia Medica, and Discussion of Experience with Numerous Herbs."[33]

Advertising sponsors also used space in some of the pages. Indicating support from the elite establishment, for instance, the two leading newspapers, *East Asia Daily* 東亞日報 and the *Central Daily* 中央日報, both bought full-page advertisements.[34] In volume three in 1939, there were many more advertisers, including dozens of physicians who were advertising their clinics by way of sponsorship. For example, Yi Ŭl-u (李乙雨) (who earlier in 1934 wrote the article on epidemic meningitis) bought a quarter of a page and had his name written in large script. Declaring that he ran a self-operated clinic, he

[31] Chang ki-mu, "Hanbang Therapy for Psychiatric Disease" (*Singyŏngbyŏng kwa Hanbang Yubŏp* 神經病과漢方療法), *Eastern Medicine* 1: (1935) 51.

[32] Yi Ŭl-u, "Prescriptions for Treating Epidemic Meningitis," (*Yuhaengsŏng Noech'ŏk Sumakyŏm* ŭi ch'iryobŏp 流行性腦脊隨膜炎의治療法), *Eastern Medicine*, 1,34. The surname Tong literally means East, rare for a Korean name. Whether it was actually the author's name or not, East is an apt name for an author in the journal *Eastern Medicine*. Tong Kŏ-saeng, "Prescriptions for Treating Bladder Infection with Hematuria," (*Kŭpsŏng Ch'ulhyŏl song Panggwangyŏm* 急性出血性膀胱炎의治療法), *Eastern Medicine*, 1 (1935): 35.

[33] Cho Hŏn-yŏng, Principles of Materia Medica, and Discussion of Experience with Numerous Herbs, (*Ponch'uyaknihak kwa Sangbaek ch'u sŏl* 本草藥理學과 嘗百草說), *Eastern Medicine* 1 (1935): 20-23.

[34] *Eastern Medicine* 1 (1935): 2-3.

listed his address as 1219 Kyŏngsŏng Garden Gate (京城苑洞) and his phone number as 580, indicating that he was one of the earliest Koreans to have a private phone line. Pharmaceutical companies also advertised their products. For example, the Heavenly Premier Pharmaceutical Company bought a full page to tell readers of the healing qualities of one of their patent clearing stagnation drugs called the Heavenly Premier Effective Divine Pill (*Ch'ŏn Il Yŏng Sin Hwan* 天一靈神丸).[35]

While ostensibly, the *Eastern Medicine* journal functioned as a discussion forum for colleagues to exchange their views on clinical theory, on another level, the journal operated as a statement of intent and purpose to secure their medical authority in a context within which their survival as physicians was not definitively assured. In the wider context of colonial rule, the Eastern-medicine physicians staked their claim of medical relevance and articulated arguments justifying and celebrating their crucial role as the bearers of a specifically Korean body of knowledge.

Eastern medicine Renaissance in the Japanese empire

In response to weakness in the early period of Japanese rule in the 1910s, Korean Eastern-medicine physicians complied with the new registration requirements, but at the same time, also innovatively built new institutions such as journals and associations. At the level of people's social practice regarding their healthcare choices, little changed throughout the period of Japanese rule because Eastern medicine continued to be widely used. Therefore the 1930's Eastern Medicine Renaissance operated mostly at the level of

[35]To clear stagnation (*soch'e* 消滯) means to promote qi and blood flow in the body.

elite discourse, rather than transforming actual clinical practice. The term of Eastern Medicine Renaissance was widely used from 1934 onwards in Korea to describe the growing official status of *Hanbang*. However, the evidence shows that, for the majority of Korean people, Eastern medicine had neither disappeared nor been in any real danger of extinction. The difference in the 1930s was that state policy had shifted to support *Hanbang* medicine. For the Korean physicians who used the term, as well as for newspaper reporters, the "Eastern Medicine Renaissance" partly referred to Japanese colonial authorities acknowledging their professional status. This was certainly a welcome relief for many Koreans, but nevertheless the Renaissance was a continuation in practice shaped by Korean physicians' determination to protect and strengthen Eastern medicine from the 1910s through the 1920s. Since the Renaissance, as a concept, was created in the context of Japanese rule, it is necessary to examine the complexity of Japanese having officially declared acceptance of Eastern medicine in the 1930s.

Korea as hub of ideas in the Japanese empire

During the colonial period, Japanese Empire rhetoric situated Koreans as the Japanese people's siblings.[36] The official slogan was *nissen ittai* 日鮮一体, meaning "Japanese and Koreans are one body."[37] Furthermore, by the 1930s, a generation of Koreans had been born and educated in Japanese-ruled Korea. Although the "one-body" policy articulating that Japanese and Koreans were one people was influential, it was rather a

[36] Nayoung Aimee Kwon, *Intimate Empire: Collaboration and Colonial Modernity in Korea and* Japan (Durham: Duke University Press, 2015). Jun Uchida, *Brokers of Empire: Japanese Settler Colonialism in Korea, 1876-1945* (Cambridge, Mass.: Harvard University Press, 2014).
[37] Kanazawa, Shozaburo, is a typical Japanese intellectual arguing for Japanese and Korean commonality. Kanazawa, *The Common Origin of the Japanese and Korean Languages* (Tokyo: Sansheido, 1910).

confluence of factors related to a shared global outlook that led to Eastern medicine operating as a vehicle of a malleable and loosely-defined Eastern set of beliefs.

I argue that the Japanese language of a common East Asian identity with Koreans was one major factor that allowed for and facilitated a medical Renaissance back in Japan that drew on Japanese experiences in Korea.[38] The historiography to date discusses the medical Renaissances in Korea and Japan in isolation, as though they occurred separately in silos.[39] However, I argue that the *Kampo* (漢方) Renaissance that also took place in Japan in the 1930s was due to a number of factors, including the Japanese experience of Eastern medicine in Korea from the 1910s to the 1930s.[40] The Meiji Restoration in Japan of 1868 prioritised Western medicine's adoption as an elite profession and Eastern medicine's relegation to eventual extinction.[41] Despite the efforts of the Meiji bureaucrats to extinguish traditional medicine by decree in 1883, however, it did not die. A major factor for Korea's omission as the place of origin of the Renaissance of *Kampo* in Japan, not discussed anywhere in the historiography, is that according to the *nissen ittai* policy, Koreans were often classified as Japanese. Thus, by default, in the scholarship, a Korean

[38] I am not arguing that the Kampo medicine Renaissance in Japan in the 1930s was solely due to Korean experiences but rather for the need to acknowledge unspoken Korean contributions to the Renaissance that took place in both Korean and Japan. That is, to portray the Japanese as teachers of Korean students, misses Japanese anxiety regarding their existence in Korea.

[39] Typical of this approach, see Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960*, (Vancouver: UBC Press, 2014), 86-87. For typical Japanese historiography, see Damei Yakazu (矢數道明), *Meiji 110 Years, Kampo Change and the Future* (Meiji 110-nen Kanpo Igaku no Hensen to Sharai-kanpo to kanyaku, 明治 110 年漢方醫學の変遷と將來−漢方と漢藥), (Tokyo: Shun'yada Shoten, 1952).

[40] As a possible loan word, *Hanbang* is written with the same characters as Kampo, which is still used today as the official term to describe traditional herbal medicine in Japan. But it is important to emphasize that despite the same characters, their meanings differed in 1930's Japan and Korea. The Japanese version did refer back to Chinese Han formulas. *Kampo* was the form of traditional medicine that was practiced in Japan.

[41] In the Meiji period (1868-1912), *Toyo igaku* 東洋醫學 was the common term used. Damei Yakazu, (1952), 2.

medical Renaissance became a Japanese Renaissance.[42] The historiography characterizes the *Kampo* revival in Japan as a pre-war phenomenon situated in the context of the movement advocating a return to the classic texts.[43] As a part of this revanchist movement, many Japanese scholars also called for a return to Eastern medicine.[44] In May 1935, Eastern-medicine physicians in Japan publicly introduced the concept of a Renaissance together with the change of the main traditional medical organization's name from the East Asian Medical Association to the Japan *Kampo* Medicine Association.[45] The public use of the concept of Renaissance in Japan thus appeared in 1935 in the journal *Nihon Kampo* 日本漢方 (*Japanese Kampo*). The new concept came one year after Chang Ki-mu in 1934 called for a Renaissance in Korea. Namely, the official institutional adoption of the term *Kampo* in Japan came a year after the same term *Hanbang* was made public in 1934 in Korea.[46] In 1936, the Japan *Kampo* Medicine Association declared that its purview would include Japan, China, and Manchukuo, clarifying from the start that it was not an institution bound only to the Japanese homeland. In fact, the official view was that Korea was already a part of Japan, due to its

[42] There are two points to make here. One, and now accepted by nearly all historians, is that modernity in Japan was never similar to modernity in the West. Japanese thinkers are often culturally bilingual in that they can use the language of the West, but also use the language and conceptual framework of yin-yang and the five agents. Secondly, the wave of popularity of Japanese *Kampo* and Japanese acupuncture worldwide actually had a crucial amount of Korean input, which has to this point been mostly unstated.
[43] *Fukko* 復古, Damei Yakazu (矢數道明), *Meiji 110 years, Kampo Change and the Future* (Meiji 110-nen Kanpo Igaku no Hensen to Sharai-kanpo to kanyaku, 明治110年漢方醫學の変遷と將來−漢方と漢藥) (Tokyo: Shun'yada Shoten,1952), 8.
[44] *Toyo igaku* 東洋醫學. Ibid 8.
The *Treatise on Cold Damage* (*Shokanron* 傷寒論) was suggested as the guiding classical medical text for the *Kampo* Renaissance, Damei Yakazu, 10.
[45] East Asia Medical Association- *Toa Igaku Dantai* 東亞醫學協會. Japan Kampo Medical Association- *Nihon Kampo Igaku tai* 日本漢方醫學會.
Damei Yakazu, 1952, 11.
[46] Damei Yakazu, 1952, 11.

official annexation in 1910, and even more importantly due to the *nissen ittai* policy that the Japanese colonial government widely promoted in the 1920s. The Japanese *Kampo* physicians opted not to acknowledge that Koreans had made any contribution to the debate on the Renaissance in East Asia. Thus, by sleight of hand they told their Japanese readers that all of the events that occurred in the Japanese homeland were due to Japanese thinking alone. This exclusion of Korean physicians from any of the literature in the Japanese homeland has shaped the historiography in both Korea and Japan to this day. Scholars continue to write as though there was no knowledge exchange between Korean and Japanese Eastern-medicine physicians from 1910 to 1945, even when they shared the same medical categories as homonyms – for instance, *Tongŭi* and *To-igaku* (東醫學) for "Eastern Medicine" and *Hanbang* and *Kampo* (漢方) for "Great formulas" and "Han-Chinese formulas" – as used in the 1930's journals. In fact, Japanese and Koreans were well aware of each other, including with regard to medical practice and transformations in Eastern Medicine in both countries.

The head of the Korean Commerce and Industry Forum, Kita Naoharu, a Japanese person living in Korea, made comments in 1939 that help to shed light on the question of the Korean role in Japan's *Kampo* medicine Renaissance.[47] Kita foregrounded his comments by explaining how the Japanese Meiji Restoration introduced Western medicine and so caused a decline in *Hanbang* (by which Kita referred to traditional medicine).[48] He then went on to explain that the Eastern Medicine Renaissance in East Asia originated in Korea.

[47] *Eastern Medicine* 3 (1939): 20.
[48] The comments are published in half-Chinese and half-Korean script. *Hanbang* is therefore Kita's term.

> In Korea, the old Eastern medicine was not shaken. The decline was only in appearance. The Koreans bided their time, kept their Eastern medicine somewhat under cover, but then revived their medicine like a cicada coming out of its shell. Because of this strategy in Korea, Eastern medicine has actually revived, with this hard work enabling the medical Renaissance to also take place in Japan, Manchukuo, and China.[49]

Kita's comments show that he believed Koreans laid the foundations for a *Hanbang* medical Renaissance throughout East Asia.

Japanese colonizers learning from the colonized

In order to examine the role of Japanese geopolitical considerations in acceptance of Eastern medicine, it is important to be aware that the Japanese Empire added Manchuria in 1931, thus becoming the third large area under colonial rule after Taiwan and Korea. Using Evelyn Rawski's analytical framework that historically examines Northeast Asia as a single region encompassing Korea, Manchuria, Japan, and parts of northern China, speaks to the direct connection between Korea and Manchukuo in the 1930s.[50] Directly abutting Korea's northern land border, Manchuria became a part of the Japanese Empire in 1931 and yet the flow of people and ideas, let alone medical ideas, between these two largest areas in the Japanese Empire in the 1930s remains understudied. We do know at least that the Chinese and Manchu rulers the Japanese appointed in Manchuria made no attempt there at all to restrict traditional Chinese Medicine, Eastern Medicine, or

[49] *Eastern Medicine* 3 (1939): 20.
[50] Evelyn Rawski, *Early Modern China and Northeast Asia: Cross-Border Perspectives* (Cambridge: Cambridge University Press, 2015).

Kampo.[51] By the 1930s, the Japanese ruling elite, in part due to their experiences in Korea as well as Taiwan, had come to accept traditional medicine as valuable in terms of medical therapeutics and useful in terms of promoting the agenda of Eastern harmony.

Prasenjit Duara has argued that Japan-ruled Manchuria in the 1930s acted as a laboratory for a unique form of modernity.[52] He calls it East Asian Modern, and argues that the colonial rulers there borrowed techniques from Japan and China. While Duara's argument of Japan learning from experiences in China is important, I argue that the crucial conceptual framework the Japanese ruling elite in Manchuria used was first applied in practice in Japan-ruled Korea. First articulated in the 1920s, the guiding slogan was "harmonization" (*yuwa* 融和) among the peoples.[53] For example, Miyaji Hisa (宮地久衡 1877-1939) was the key Japanese ideologue for the Japanese policy of "harmonization." He was active in the Eastern Light Association (*Tokokai* 東光會) arguing for harmonization and mutual respect for different cultures among the peoples of Northeast Asia. In 1936 he wrote that he and other Japanese thinkers learnt from the Japanese experience in Korea that it was important to respect and to understand local cultural practices. He also wrote that the Japanese Governor-General in Korea of 1927, Ugaki Kazushige (宇垣 一成 1868-1956), was a key official responsible for the

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[51] See Wang, Fengyi 王風儀. *Wang Fengyi Cheng Ming Lu* 王風儀誠明錄 (Wang Fengyi's Collection) (Beijing: Zhongguo huaqiao chubanshe, 2012). Wang (1864-1937) is an example of a Chinese-medicine healer who practiced without government regulations. He also trained hundreds of successors.

[52] Prasenjit Duara, *Sovereignty and Authenticity: Manchukuo and the East Asian Modern* (Lanham: Rowman and Littlefield, 2004).

[53] Miyaji Hisa, "Japan-Manchukuo Internal Harmonization Project Achievements and Japan-Manchukuo Examination of Harmonization Policies Record" (日滿兩國內融和事業實績と日滿兩國の融和國策考案 *Ni-Mitsuru ryu kunuchi Yuwa Jigyo Minoru Isao to Ni-Mitsuru* ryu *kuni no yuwa Kuni-saku Koan*), Central Harmonization Project Association, 1937, 19, 26-27.
Miyaji's key role in harmonization policies from James Homsey: unpublished presentation, "Pan-Asian Concord in Manchuria: Racial Harmony as Imperial Ideology," Association for Asian Studies Annual Conference, Washington D. C., March 23, 2018.

"harmonization" policies in Manchukuo. During Ugaki's second term as Governor-General in Korea from 1931-1936, in fact, he was the chief official at the beginning of the Eastern Medicine Renaissance.

With its slogan of harmony, this East Asian form of modernity in 1930's Korea featured a strong commitment to technological progress and economic development, while simultaneously tolerating, even welcoming, local religious and cultural practices that were previously branded as backward and superstitious. I argue that the policy of accommodation of Eastern medicine in Korea that had operated since the 1910s served as a model for the Japanese policy of cultural accommodation in Manchukuo. Although Duara argues that local popular medical practices were allowed to flourish in Manchukuo, it was the experience of Eastern-medicine physicians in Korea who first acted to manifest their cosmopolitan, globalizing impulses, married with local cultural knowledge production. I further argue that such a hybrid configuration complicates the narrative, dominant in the history of medicine in Korea scholarship, of a traditional/modern binary in which Western medicine and Eastern medicine are necessarily incompatible and so incommensurate. As Duara has shown for healers and thinkers in Manchukuo, the Korean physicians were comfortable with a conscious drawing on the past coupled with a stated desire to innovate and to develop new ideas and practices in their present.[54] Thinking about *Hanbang* as a signifier of an East Asian medicine that welcomed syncretism as well as symbolized a healing system for the East

[54] Duara, 113-114.

Asian region and the world complicates the earlier narratives of an insular and hidebound Korean tradition.[55]

Korea's role in the Japanese colonial experience in shaping policies in Manchuria also shows that China-centered scholarship of the 1920s and 1930s often obscures important phenomena in the East Asian region broadly, such as Korea's central role in the Japanese colonial experience that contributed to shaping medical policies in Manchuria. The established view in the historiography of Chinese medicine concludes that native Chinese-medicine physicians integrated themselves with the state to consolidate their position.[56] The Korean historical experience, therefore, with its flourishing Eastern-medicine tradition stands apart as a different story separate from twentieth-century Chinese medical history.

The evidence shows that in Japanese-ruled Korea a different dynamic took place than that in China during the same period. The Eastern Medicine Renaissance in Korea saw a parallel phenomenon in China at the same time, but one that did not achieve the same result.[57] The senior Chinese government official, Chen Guofu (陳果夫 1892-1951), was the most representative spokesperson for a hoped-for medical revival in China. Chen, and other officials, argued that building a strong Chinese medicine system would build national self-confidence that would be a riposte to those who insisted on only Western science as defining strength. During the 1930s and 1940s, the founders of the Institute for

[55] Miki Sakae 三木榮 is the most representative scholar for views on insular Koreans in the history of medicine *Chosen igakushi oyobi shippeishi* 朝鮮醫學史及疾病史 (The History of Medicine and Disease in Korea) (Osaka: Shibun chupannsha, 1962).
[56] Sean Hsiang-lin, *Neither Donkey nor Horse*: *Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014).
[57] Ralph Crozier, "Revivalism in Modern China," in Charles Leslie, *Asian Medical Systems* (Berkeley: University of California Press, 1976), 341-355. On medical revivalism in the 1930s, see 344-346.

National Medicine (*Guoyiguan* 國醫館) argued for state support for their ambitious plans. Chen aimed to build a China that officially endorsed a unique system of integrated Chinese and Western medicine that would showcase the strength of Chinese cultural resources of the past. Although Chen and his colleagues were able to ensure Chinese medicine's survival, they were unable to win official state support to build strong Chinese medical institutions. The Institute encountered fierce opposition and criticism from many intellectuals and modernizing officials. Thus, the story in China provides a counter-example to Korea. Whereas Koreans proclaimed an Eastern Medicine Renaissance and benefited from open state support, in China the proposal continued to encounter fractious debate and skepticism. In short, Eastern-medicine physicians in Korea met much less opposition than in China, and were able to build on popular support from the bottom-up as well from a colonial state that by the 1930s supported traditional medicine's value.

Japanese rule paradoxically aroused Koreans to work to protect their medicine in a spirit of resistance to colonialism. The Japanese colonial administration's rhetoric in the 1930s, on the other hand, sought to emphasize a sibling relationship with Koreans. In practice, this notion of commonality with Koreans manifested in the Government-General accepting, as demonstrated above, Eastern medicine in the form of *Hanbang* as a symbol of shared unity as well as a common signifier of East Asian ingenuity.

The Eastern-medicine physicians discussed in this chapter situated themselves in a Korea they regarded as a confluence of ideas and as a central site of knowledge exchange in East Asia. Their discussion of working harder to establish Korean Eastern-medicine physicians as well in China suggests that the historiography of Chinese medicine to date mistakenly leaves what was happening in Japan-ruled Korea,

Manchuria, and regions of China as virtually blank, despite evidence to the contrary of significant medical activities.[58] The question of how much the Korean experience shaped Japanese colonial medical policy and practice in Manchuria and China proper thus remains wide open. Michael Liu has persuasively argued that the Japanese experience of problems in Taiwan led the Japanese physicians in Korea to pursue relatively enlightened practices, aiming to better understand and complement local medical practices.[59]

Liu's suggestion that the Japanese learnt from their experience in Taiwan resonates with Sheldon Garon's characterization of the Japanese as perhaps the consummate transnational learners in the world, at least since the Meiji period (1868-1912).[60] Also emphasizing Japanese learning from others, Emiko Ohnuki-Tierney argues that contrary to the stereotype of the Japanese as isolated chauvinists, what she terms their historical Japanese identity has been formulated through their dialogue with others.[61] Recent scholarship has also demonstrated how the Japanese took to enthusiastic and serious learning of medicine from the Dutch in the Tokugawa period (1603-1868)

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[58] The well-known Chinese physician and leading politician, Tang Erhe (湯爾和 1878-1940), after a visit to Korea in 1918 recommended, for instance, that the dual-track medical policy should be implemented in Republican China and, subsequently, in Japan-ruled regions of China. See Tang's personal diary, titled "Tour of Eastern Journey," *Dongyou Riji* 東日記游 (1918), 8-9. Also see David Luesink on Tang Erhe's role as the key physician to introduce anatomical biomedicine into China in the 1910s and 1920s, 'The (mis)remembrance of Chinese medicine,' in Howard Chiang, ed. *Historical Epistemology and the Making of Modern Chinese Medicine*, Manchester, University of Manchester Press, 2015. Keiko Daidoji and Eric Karchmer have begun initial scholarship to investigate Japanese Kampo physicians' influence on medical practice in Japan-ruled Nanjing. 'The Case of the Suzhou Hospital of National Medicine (1939-1941): War, Medicine, and Eastern Civilization,' *East Asian Science, Technology, and Society*, 11 (2017): 161-183.

[59] Liu argues to correct the scholarship that characterizes Japanese colonial medicine as a monolithic force based only on scientific laboratory medicine, with Tokyo University as the determining factor. Liu shows that Japanese physician Kitasato Shibasaburo's students in Korea sought to better understand social factors in Korea to adjust more effectively to local conditions. See Liu, 2009, 151, and Conclusion, 165-178.

[60] Sheldon Garon, "On the Transnational Destruction of Cities: What Japan and the U.S. learned from the Bombing in Britain and Germany in the Second World War." Unpublished seminar paper presented at Johns Hopkins University, Baltimore, April 2, 2018. Garon argues that the Japanese ruling officials were the world's consummate learners studying ideas from other countries, not restrained by any sense of nationalism or notions of superiority.

[61] Emiko Ohnuki-Tierney, *Rice as Self: Japanese Identities through Time* (Princeton: Princeton University Press, 1993), 111.

and from German physicians from the Meiji period onwards.[62] Based on some scholars' consensus that the Japanese set out to learn what they could from others from at least the Meiji period on, then the corollary is what did they learn from their time in Korea from 1910 to 1945? Clues to some of what the Japanese learned from Korean medicine, at least, can be found in the writings of Korean physicians who mainly argued that the laboratory was not the most important site of medical knowledge production but rather yin-yang theory remained central to their understanding of medicine.[63]

From weakness to Renaissance

One persuasive way to explain the phenomenon of a self-called 'Renaissance' as seen in this case study is through the analysis of how discourses of weakness can open up new possibilities of discourses of strength.[64] Discourses of weakness toward a knowledge system, such as medicine, may also have epistemic functions that create new possibilities for producing knowledge. In short, the Eastern-medicine community of physicians challenged the criticism that their form of medicine was so outdated and backward that the superior Western medicine would thus eventually replace Eastern medicine.

To create a viable space for Eastern medicine in a polity that officially privileged Western medicine, the Eastern-medicine physicians first identified the weaknesses to be addressed in the pages of their *Eastern Medicine* journal. For example, Chang Ki-mu, in

[62] For learning medicine from the Dutch, Ann Jannetta, *The Vaccinators: Smallpox, Medical Knowledge, and the 'Opening' of Japan* (Palo Alto: Stanford University Press, 2007). Hoi-eun Kim, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2016).
[63] The journal authors repeatedly made this comparison throughout the journals.
[64] See Iwo Amelung and Sebastian Riebold, *Revisiting the "Sick Man of Asia": Discourses of Weakness in Late 19th and early 20th Century China* (Frankfurt am Main: Campus Verlag, 2018).

a spirit of honesty, conceded that many people see *Hanbang* medicine as "obsolete and old fashioned" vis-à-vis what was presented as the modern and new Western medicine. Thus, in order to achieve victory in the face of what was portrayed as possible defeat (via increasing irrelevance), Chang proclaimed that he would work to persuade the *Hanbang* physicians' constituents of their relevance in terms of medicine, culture, and ideology.[65] His main argument was that since people desire innovation, then he and his colleagues were building a new medicine called *Hanbang*. While based on the older Eastern medicine, *Hanbang* was thus portrayed as a hybrid medicine based on science. Yet Chang's understanding of science was not the same as that of his Western-medicine colleagues. For Chang, observable clinical results, and not necessarily laboratory testing, constituted scientific efficacy. He also made two key points to outline his vision for *Hanbang* that contradict Western medical understandings of scientific efficacy of that time. Firstly, he insisted that *Hanbang* retain the emphasis on the numinous qualities of medicine, as in his statement, "The spiritual (*yŏng* 靈) aspect of healing is important."[66] Secondly, he rejected the universal applicability of medicine in terms of disease and therapy. He suggested that Western-medicine physicians would eventually come to see the importance of individualized medical diagnosis and treatment. Thirdly, Chang also argued for the importance of geographical place in regional medicines.

> Scholars have debated the native source of Korean people's medical therapy, and how that relates to Korean people's lives. Korean people have never relied on medicine from outside. The Korean land bears forth

[65] Chang Ki-mu, "Treatise on Hanbang Medicine Innovation," (*Hanbang Ŭihak Hyŏksin non* 漢方醫學革新論), *Eastern Medicine* 1 (1935): 7-19.
[66] Ibid.

> herbal medicines for Korean people, with an abundance of nature's bounties, such as plants, barks, roots, and grasses.[67]

Thus, Chang emphasized Korea's centrality, expressing no sense of relying on herbs from China via national reliance on their own natural products.[68] He went on to clarify that innovating medicine is not limited to patients merely receiving therapy from physicians but also included a change toward more self-care.

> We need a healthcare movement in which all people practice preventive medicine. We can beautify and strengthen our bodies, for example, by exercising. Most important is the need to understand the mind-body connection. Harmonizing the mind strengthens the body.[69]

Here, Chang expressed an important point many of his colleagues shared, such as Kim Yong-hun quoted at the beginning of this chapter, that medicine is more than physicians dispensing knowledge and drugs, it is also a preventive practice that people carry out in their daily lives via knowledge of how the mind-body interaction? is central to health.

Chang's favored approach regarding the *Hanbang* Renaissance was to innovate Eastern medicine from within its already existing strengths. Kim Yong-hun's focus, however, was on the term "Renaissance" as a response to weakness and how to further strengthen Eastern medicine. In the pages of the 1934 *Eastern Medicine* journal, the

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[67] *Eastern Medicine* 1 (1935); 17.

[68] Chang here expressed confidence and pride in Korean herbs for Koreans as a bountiful resource. Soyoung Suh's thesis discusses the Korean dilemma of physicians on the periphery and their anxiety with regards to the hegemonic presence of China and Japan, especially relating to medicinals. Suh, esp. see chapter 1, "Local Botanicals or *Hyangyak*: The Correct Name of Herb and Self," (2017), 11-40.

[69] For mind, Chang used the word *sin* (神), which is also often translated as spirit. *Eastern Medicine* 1 (1935): 17.

illustrious former palace physician then practicing in northern Kyŏngsŏng, Kim Yong-hun, penned his plea to save Chosŏn Medicine based on an underlying discourse of weakness.[70] Delivering a clarion call for an Eastern Medicine Renaissance, he echoed his own comments of the 1920s calling for pride in Korean cultural resources.

> There seems to have been a decline in the status of *Hanbang* medicine. We need to reverse the relative weakening of our medicine. Many people are debating whether we can reverse the trend and bring about a Renaissance. Some people are determined that we do it. Many scholars have also argued for a Renaissance of *Hanbang* medicine…Our claim is that we will do it, to help the world's humanity. It will be a new medicine for the whole world.[71]

Although his overall tone was confident, Kim's statement portended that complacency would bring about demise. He identified three problem areas. The first factor was the Western-medicine physicians' claim of their own superiority. Linked to this factor was his concern that people in Europe and the United States were not convinced of Eastern medicine's efficacy.[72] The second factor was the new Japanese-enforced registration system that demanded stringent education requirements.[73] For some young people, the new Eastern-medicine examinations seemed too onerous to make it worth pursuing a medical career. Thus, according to Kim, for a period in the 1920s, the Eastern-medicine registered physicians decreased in number, with older physicians retiring or passing

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[70] Kim also alternates between the three terms *Hanbang*, *Hanŭi* (Han medicine 漢醫), and *Tongŭi*-Eastern medicine. "Discussion on the Treatise on the *Hanbang* Medicine Revival," (*Hanbang Ŭihak Puhŭng non e tae haya* 漢方醫學復興에對하야), *Eastern Medicine* 1 (1935): 3-6

[71] *Eastern Medicine* 1 (1935): 3.

[72] Ibid, 2.

[73] Ibid 3.

away.[74] The third factor was the worldwide trend of Western civilization and all that it represented as modern and attractive, including especially Western medicine.[75] In other words, for Kim, they needed to contend with the idea that Western medicine was actually fashionable for some young people in Korea. For Kim and his colleagues, these factors of relative weakness were points that they would have to counter by continuing to insist on the relative merits of Eastern medicine.[76] They did so by recognizing the positive merits of Western medicine, while also demonstrating the contrasting yet still positive merits of Eastern medicine. The combined merits would be greater than the sum of the parts, he argued, especially in effectively treating patients. Since he also believed that people would bring about a *Hanbang* Medicine Renaissance, the fashionable trend of favouring Western medicine, according to Kim, would therefore be only a passing phase.

Addressing medical colleagues, Chang Ki-mu and Kim Yong-hun set out their arguments for the *Hanbang* Renaissance. In 1934, both were optimistic yet displayed caution by not resorting to hubris. Hailing from different educational backgrounds – Chang was the impeccably credentialed Western-medicine physician of higher status in Japan-ruled Korea while Kim had been an elite Eastern-medicine physician in the now-extinct Chosŏn old order – they both nonetheless understood *Hanbang* as people-driven practice. Both physicians were joined in common cause to argue for a *Hanbang* Medicine Renaissance.

[74] Ibid, 3. Kim does not give any figures.
[75] Ibid, 4
[76] The roots of the twenty-first century's Korean Wave (*Hallyu* Wave) are evident in the Eastern-medicine physicians' efforts in the 1930s. As celebrities of their time, they were confident enough to seek to project Eastern medicine internationally by presenting it as desirable and useful. To say they were aiming for Korean Cool would be ahistorical, but many of the 1930s intentions resonate with the Korean Wave, that is intended to globalize the Korean brand.

Western medicine as supplement to Eastern medicine

The term *Hanbang* began to appear in the journals of newspapers in Korea in the 1930s. It was then that the original term Eastern medicine began to be used interchangeably with the new term. Specifically, the year 1934 saw *Hanbang* consciously used as a new category in the *Eastern Medicine* journal as well as in the newspaper debates on medicine. Former royal court physician Kim Yong-hun described *Hanbang* as a new medicine that synthesized Eastern medicine with Western medicine. "We Koreans are especially distinctive. We take the best from Eastern and Western medicine, and so this new discovery (of the benefits of integrating Eastern and Western medicine) is a contribution for the world."[77] Chang Ki-mu explained the new *Hanbang* as a way to use science to validate Eastern medicine when he wrote "We can use scientific medical examinations to validate the results we get from our medicine."[78]

However, the nationalist physician, Cho Hŏn-yŏng, was the most visible spokesperson of the new *Hanbang*. He also explained that Western medical concepts could be used to explain Eastern medicine.[79] The historiography to date has examined in detail how Eastern medicine was modernized in 1930's Korea, thus compromising its authenticity.[80] I argue instead that the new terminology was far more a rhetorical device than a change in medical practice. The language of Western medicine was added to the

[77] *Eastern Medicine* 1 (1935): 4.
[78] Ibid, 15.
[79] Suh, 2017, 64.
[80] See Yonsei University Research Institute of Medical History Editorial Group. *Hanŭihak*, *singminjirŭl ald'a: singminji sigi Hanŭihak ŭi kundaehwa yŏngu* 한의학, 식민지를 앓다: 식민지 시기 한의학의 근대화 연구 (The Modernization of Korean Traditional Medicine during the colonial period) Seoul: Acanet, 2008.Also see Suh, Chapter Three, "Chosŏn Koreans: The Colonial Identification of the Local," 2017, 71-104.

Eastern-medicine vocabulary to enable accessibility to a global scientific community, with very little substantive change to practice.

In sum, Eastern medicine,[81] in its array of therapies, included acupuncture, herbal medicine, massage, exercise, and crucially, *yangsaeng* (discussed in chapter three), signified greater attention to lifestyle, diet, and emotions in one's well-being. For the Korean physicians, adding Western medicine meant supplementing not changing the existing conceptual framework. For example, physicians studied anatomy and biology, but their therapies did not change. The Korean physicians held onto their medical theories, such as the concepts of qi, yin-yang, and the five agents while using the new term *Hanbang* that signified some integration with Western medicine.

Eastern-medicine physicians such as Cho Hŏn-yŏng and Kim Yong-hun were well aware that to compromise by adopting the new term *Hanbang* over the old term *Tongŭi* was a potential risk for Koreans since the term Eastern medicine carried multiple levels of meaning that had been persuasive means but for other ends.[82] Specifically, the term Eastern situated Koreans on par with the West in a complementary metageographical relationship. However, the promise Cho, Kim, and Chang made was that the new term *Hanbang* could help fulfill the possibility of Korean medical knowledge being transmitted to renew the whole world. To do so, however, required accepting, even embracing, the West in the form of Western medicine. Despite this

[81] *Eastern Medicine* 1 (1935).
[82] One level of meaning of the term Eastern was the context of the Japanese Empire. Some of the current historiography characterizes the concept of Eastern or East Asian as a corollary of Japanese high imperialism. However, the metageographic significance of the term Eastern was in popular use in Chosŏn Korea well before an inkling of even the possibility of Japanese annexation. Suh, see chapter 2, "Eastern Medicine, or *Tongŭi*: Imagining a Place for Medical Innovation" (2017): 41-70.

acceptance of Western medicine, Cho also advocated the popularization of *Hanbang* as a practical expression of Eastern knowledge for domestic healing.

Cho Hŏn-yŏng - Korean nationalist physician

Cho Hŏn-yŏng is best known in the medical historiography for his leading role in the Eastern Medicine Renaissance, and for his theoretical arguments that explained the new term of *Hanbang*. However, the fact that Cho was also a Korean nationalist activist helps to better contextualize the socio-political role of the *Hanbang* Renaissance.[83] Cho was born in 1900 in South Kyŏngsang, in Korea's southeast. When he was a child his grandfather was a captain in the Righteous Army, an irregular militia fighting the Japanese military forces in Korea. Cho received a traditional scholarly education through his father who taught him the Confucian classic texts.[84] Cho attended Taegu (大邱) High School, followed by university education in Waseda University in Tokyo, Japan, where his major was English. After graduating in 1927, he became politically active as one of the founding members of the Japan branch of the Korean nationalist organization, the New Cadres Society (*Singanhoe* 新幹會).[85] This group actively campaigned in Japan for Korean autonomy, mainly by conducting propaganda and agitation. Cho returned to Korea in 1929, where he continued to be an active office holder of the New Cadres

[83] *The Academy of Korean Studies* website
https://terms.naver.com/entry.nhn?docId=549422&cid=46626&categoryId=46626
Accessed December 5, 2018.
[84] The Four Books and Three Classics (*sasŏsamgyŏng* 四書三經) were his foundational study texts.
[85] Yi, Kyun-yŏng 이균영, □ □ □ , *Research on the New Cadres Society* (*Singanhoe Yŏngu* 신간회 연구), (Seoul: Hawolgok School, 1993), 144-145.

Society.[86] In 1931, however, the Society disbanded, mostly due to conflict between its communist and reformist wings.[87]

It was also in 1931 that he began studying medicine because he had decided that it was the best vehicle for Korean nationalism.[88] In the same year, he also became active in the East Asia Medical Society. By the next year in 1932, he became a prolific writer on Eastern medicine, and until 1950 was the proponent of Eastern medicine in Korea with the most media coverage. His medical articles were regularly published in the journal *New East Asia* (*Sin Tongya* 新東亞). For example, he published articles on how to use Eastern medicine to treat conditions such as tuberculosis, depression, and so on. To aid in popularizing Eastern medicine, in 1936 he even opened the Sun and Moon Bookstore (*Ilwol sŏlbang* 日月書房) in Insadong in central Kyŏngsŏng. Together Sun and Moon are a clear metaphor for yin-yang but also for Korea as the pictogram Cho (朝) in Chosŏn (朝鮮) contains both sun (*il* 日) and moon (*wol* 月) as components. [89]

Cho even wrote a book in 1934, *Treatise on Popular Han Medicine*, which explains for readers his conception of the new *Hanbang* medicine, a movement that, according to him, had become so important that it was being talked about in Tokyo.[90] Cho's new contribution in this book was to argue that *Hanbang* medicine could be learnt

[86] Ibid, 161, 180.
[87] See Dae-sook Suh, *The Korean Communist Movement, 1918-1948* (Princeton: Princeton University Press, 1967), 115, 127-129, 130-131. It is not explicitly stated to which political wing Cho belonged, but the fact that he "went north" after 1945 to join the communist forces suggests his preference. However, according to historian Shin Dongwon, Cho was hijacked to North Korea. Shin, Dong-Won, "How Four Different Political Systems Have Shaped the Modernization of Traditional Korean Medicine between 1900 and 1960," *Historia Scientarium* (2008): 225-241. On Cho going to the North, 235.
[88] I have not yet ascertained how he studied or with whom he learned medicine. He was possibly an autodidact.
[89] Little else is known about the bookstore.
[90] Cho Hŏn-yŏng, 通俗漢醫學原論 (*Treatise on Han Medicine T'ongsok hanŭihak wonron*), (Kyŏngsŏng: Eastern Medicine Society, 1934).

and used by anyone.[91] The *Hanbang* Renaissance meant practical domestic medicine for the home. Cho explained how to self-diagnose, and also how to diagnose family and friends, according to yin-yang principles. Not only did he explain theory, but he also provided simple instructions to diagnose health by analyzing the palms of the hand.[92]

Cho characterized Western medicine as more for elites who could afford to pay for expensive consultations and medicines than ordinary people. In contrast, anyone could practice Eastern medicine or *Hanbang* medicine on their own and inexpensively.[93] Anyone could learn the basic principles, which he laid out in his book, and anyone could pick up efficacious and inexpensive herbal medicines from the local market. Nevertheless, even if expensive, Cho argued that Western medicine was valuable due to its understanding of bacteriology.[94] Thus, he argued that people needed Western medicine in the case of infectious disease. The best practice, though, was to prevent disease by practicing *yangsaeng* by regularly taking herbal medicines. The value of *Hanbang* medicine, he argued, was that simple illnesses could be treated with readily available and cheap herbs. For example, for tiredness, poor digestion, and shortness of breath, Cho advised his readers to prepare a well-known decoction titled Four Gentlemen Decoction (*Sagunjit'ang* 四君子湯).[95] The four ingredients ginseng (*insam* 人參),

[91] Ibid, 41.
[92] Ibid, 41.
[93]Cho alternates between the terms *Han* medicine and Eastern medicine *Tongŭi.* Cho, 1934, 1-3.
[94] Ibid, 3. Lei frames his book, *Neither Donkey nor Horse* (2014), on the dilemma of Chinese medicine physicians in the first half of the twentieth century who were unable to do much for patients during the 1910-11 outbreak of plague in Manchuria. It is likely that Cho knew of this episode. Unlike in China, Eastern-medicine physicians like him conceded Western medicine's superiority for infectious diseases. Cho would have been aware that there were ten cholera outbreaks of epidemics nineteenth-century Korea that killed hundreds of thousands of people. The Japanese colonial rulers in the 1910s argued for the necessity of Western medicine to halt cholera epidemics. See Lei, Chapter Two, "Sovereignty and the Microscope: The Containment of the Manchurian Plague, 1910-1911," 2014, 21-44.
[95] Cho, 1934, 381.

atractylodes (*paekch'ul* 白術), poria (*puknyŏng* 茯苓), and licorice (*kamjo* 甘草) act together to strongly benefit qi, the depletion of which is considered to be the simple ailment's underlying cause.[96]

Although we cannot determine definitively how extensive the Renaissance was in the sense of people practicing in their homes, clearly Cho aimed to protect and preserve practices with which he could assume Korean people were already familiar.[97] Thus Cho's understanding of Eastern medicine emphasized that health was a concept related to personal self-responsibility, and so instead of relying only on elite Western-medicine doctors, people could practice healthcare autonomously. The emphasis on the public accessibility of Eastern medicine contrasted with the elite exclusiveness of Western medicine. The language of the Renaissance, therefore, situated Eastern-medicine physicians as working with Korean people of all social strata, unlike expensive Western-medicine physicians. Medical expertise, therefore, was not the sole privilege of medical college graduates. At the same time, emphasising the moral role of healing, Cho drew on

[96] Four Gentlemen Decoction is one of the basic formulas for tonifying qi. It was first recorded in China in the *Formulary of the Pharmacy Service for Benefiting the People in the Taiping Era*, (*Taiping huimin he ji jufang* 太平惠民和劑局方), 1107.

[97] While it is difficult to find records of domestic medicine in Korea in the colonial period, there is some evidence of such in 1930's novels, and in the large number of apothecaries. For example, in Ch'ae Man-Sik's novel *Peace Under Heaven*, the main character Yun Tusŏp, "consumes large quantities of Chinese medicine, ginseng…" See Ch'ae Man-Sik, *Peace Under Heaven*, translated by Chun Kyung-Ja, (New York: East Gate, 1993) xiii. The original version, set in 1937, was written in 1938.
Evidence of self-medication using herbs also appears in Yom Sang-seop, *Three Generations*, translated by Yu Young-nan, (New York City: Archipelago Books, 2005). Set in 1920s Korea, the novel was first published in 1931. See p. 68, characters in the story set in Korea during the colonial period keep herbal remedies at home, while friends offer ginseng roots to help a sick man. Pp. 253-255, a family brews their herbal medicines at home. Perhaps the best evidence for Koreans self-medicating with herbs is the large number of apothecaries. The material evidence lies in the large number of newspaper advertisements for both apothecaries and herbal products throughout the entire colonial period. See Suh, 2017, Chapter Four, "Lifesaving Water: Managing the Indigenous for Medical Advertisements," 105-136.

his Confucian education when he argued that the *Hanbang* medicine revival was simultaneously about practicing compassion (*in* 仁) in the domestic setting.

While making the claim of *Hanbang* as scientific, Cho and his colleagues continually emphasized as well its epistemological difference with Western medicine. Essentially, they argued that Western medicine relied on machine technology, while Eastern medicine as a whole relied on nature. Western medicine only trusted physical evidence, while Eastern medicine involved unseen non-material substances such as qi.[98] Even the theories of yin-yang and the five agents crucial in Eastern medicine were presented as actual phenomena that machines cannot measure. The crucial point these physicians made was that the acuity and diagnostic skill of the physician sits at the very heart of the *Hanbang* healing process.

Their main arguments can be summarized as the following. Machines are fine and useful for many clinical matters, but they cannot detect the finer elements of qi as can a well-trained Eastern-medicine physician. The qi of each patient is unique, yet also constantly changing in each moment. Machines are not capable of capturing fine changes in time over the course of a day, for instance, whereas the precise changing quality of qi of each person is also directly related to a changing constellation of climatic and geographic factors. Therefore, a physician's most important skill requires analysis of humans in all their malleable relations with nature. To be able to do that was framed as requiring awareness beyond the immediate, the visible, and the measurable, and rather

[98] The arguments in this paragraph summarize the common views the *Eastern Medicine* authors repeated multiple times in the journal. For example, Kim Yong-hun, "Discussion on the Treatise on the Hanbang Medicine Renaissance," (*Hanbang Ŭihak Puhŭng non e tae haya* 漢方醫學復興에對하야), *Eastern Medicine* 1 (1935): 3-6.

toward identifying how the human microcosm fits within the wider macrocosm of nature. Within that microcosm-macrocosm relationship, the physician acts as a mediator, understanding the balance of the patients' internal qi and the external qi, while managing that tenuous relationship together with the patient. Any signs and symptoms only made sense in relation to the whole, in terms of the individual body, mind, and external environment.

In sum, the Korean Eastern-medicine physicians, in their comments, understood Western medicine as reductionist, with physicians only interested in the body at the microscopic level. Such a characterization might have been made for the purpose of making a strong point about the difference with Eastern medicine. It needs to be said that physicians of biomedicine were not of a singular mind on the merits of reductionism in medicine. Theodore Jun Yoo shows that many of the North American and Australian physicians in Korea during the 1920s and 1930s were Christian missionaries who placed God and the power of prayer on a higher level of importance than identifying problems at the cellular level in the body.[99]

Cho understood *Hanbang* as a practical range of healthcare practices that people of all social strata could learn and apply. Theoretical principles such as the central importance of a person's qi and their relation to the external environment as well as lifestyle factors meant a resistance to the universalizing Western medicine that used expensive medicines to focus on disease as entities. For Cho, the individual person was

[99] See Theodore Jun Yoo, *It's Madness: The Politics of Mental Health in Colonial Korea* (Berkeley: University of California Press, 2016), 45-76. In his study of Japanese biomedical physicians in Japan in the 1920s, Michael Liu argues that those based in Korea, in particular, placed a high priority on social determinants of health, primarily because of concern that too much emphasis was being put on the microscopic level.

central, both in terms of responsibility for his or her own health and in personifying the practical embodiment of the Eastern-Medicine Renaissance. Thus, medicine was central to the practical manifestation of what he and his colleagues deemed to be an Eastern Renaissance in which Eastern ideas would benefit not only East Asia, but also the world.

Hanbang: continuity within change in the clinic

While we have little documentary evidence of the actual practice of domestic medicine in 1930's Korea, in addition to his polemical writings, the famous Kyŏngsŏng physician Kim Yong-hun's clinical records provide evidence pertaining to the practice of prescribing herbal medicines. As we saw for the 1910s and 1920s in the previous chapters, the types of patients Kim would have seen suffered a wide range of ailments. Of the records left to us, Kim's patients in the 1930s reported common cold, stomachache, urinary problems, gynecological problems, and so on.

One further issue is that the vast majority of Kim's patients in the 1930s were young people in their twenties and thirties. These patients' youth provides evidence that Kim's own worry of youth viewing Eastern Medicine as old-fashioned was possibly related to perception rather than reality. Furthermore, despite the public rhetoric of *Hanbang* medicine's newness, there is no evidence in Kim's case records of any change from previous decades in his approach to healing. To illustrate Kim's clinical approach, we may examine one case from 1930 and one from 1939 before and after the *Hanbang* Renaissance declaration.[100]

[100] Kim Yong-hun's case records held at Kyung Hee University.

In 1930, a thirty-two year old man named as Min Pyŏng-sam's (閔丙森) son visited Kim's clinic reporting abdominal pain. The case file records that Kim prescribed Modified Harmonize the Stomach Decoction (*Hwawit'ang* 和胃湯). The ingredients included cooked white atractylodes (*paekch'ul* 白術), hawthorn fruit (*sansa* 山楂), cyperus rhizome (*hyangbu* 香附), magnolia bark (*hubak* 厚朴), tangerine peel (*kyulp'i* 橘皮), patchouli (*kwaghyang* 霍香), persimmon calyx (*chijŏng* 柿帝), bitter orange peel (*chigak* 枳殼), costus root (*moghyang* 木香), ginger (*kang* 姜).

The mixture that Kim prescribed consists of common herbs, mostly aromatic that aid digestion and remove accumulation in the intestines. Most people would feel relief in the stomach upon drinking this mix. It is gentle and warming for the stomach. There is no suggestion of any input from Western medical knowledge in this clinical encounter. In accordance with Cho's characterization of Eastern medicine as practical medicine for the home, several of the herbs here are commonly used as food products in Korea, the best example being ginger but also hawthorn fruit, tangerine peel, bitter orange peel, and, when in season, persimmons.

In a typical case of 1939 a fifteen-year old patient, Nam Hyŏn-ho (南賢浩) visited Kim's clinic. Kim wrote that the patient was suffering with heat accumulation in the liver and spleen, as well as toxic swelling of the kidney membrane (*mak* 膜). Although Kim did not add comments or analysis, reference to the kidney membrane usually means latent heat in the Lesser Yang (*soyang* 少陽). In simple terms it means heat in the body that lingers in an in-between state called "halfway-internal and halfway-external."

Kim prescribed Unblock and Clear Mixture (*t'ong ch'ŏng san* 通清散) to treat Nam's complex condition.[101] The ingredients included talcum powder (*hwalsŏk* 滑石), gypsum (*sŏkko* 石膏), perilla leaf (*chaso* 紫蘇), baical skullcap root (*hwanggŭm* 黃芩), fox nuts (*kamsil* 芡實), notopterygium (*kanghwal* 羌活), peppermint (*paga* 薄荷), gardenia buds (*sanch'ija* 山梔子). This mixture contains cold herbs that strongly clear heat such as gypsum, baical skullcap root, and gardenia buds. At the same time, some herbs, such as perilla leaf, notopterygium, and peppermint act to release the exterior and vent heat from the lesser yang aspect of the body. Baical skullcap root, with its bitter taste, also has the function of eliminating toxins.

Overall, to compare Kim's prescribing style throughout the decade is to observe continuity in terms of the same epistemological framework. Kim's cases at least reveal no evidence of change in his clinical practice based on Western medicine such that the medicine that Kim practiced in the 1930s was within the same theoretical framework that he used in the 1910s. Kim's case records, therefore, provide evidence of continuity in medical practice in colonial-period Korea.

Mobilizing Confucian language to reconfigure medicine for the people

While the evidence shows that clinical practice was characterized by continuity, the *Eastern Medicine* journal authors – including Kim Yong-hun, Cho Hŏn-yŏng, and Chang Ki-mu – frequently used the term compassion (*in* 仁) to frame their practice. The term *in*

[101] The word *t'ong* here is related to the idea of promoting free flow within the body. Writing on Chinese medicine, Volker Scheid highlights the concept of *tong* (the pronunciation of the homonym is different in Chinese, so spelt *tong*, rather than *t'ong*, as in Korean) as an area ignored by historians. See Volker Scheid, "Promoting free flow in the networks: Reimagining the body in early modern Suzhou," *History of Science* 1 (2017): 1-37.

was well known to Koreans as a Confucian term indicating benevolence and a sense of selflessness. *In* was widely understood during the Chosŏn Dynasty period as a core ideal for all educated people to strive to practice. However, with the fall of the Chosŏn Dynasty, some Korean intellectuals attacked the Confucian concept *in* during the early colonial period.[102] The Eastern-medicine physicians made a clear stand in the ongoing debate by declaring medicine as a practical way to practice *in*. By doing so, they linked medicine to the authority of the past, but also framed compassion in a new way by arguing that it was a universal concept that not only educated elites could understand and practice but also was applicable to all people, thus transcending the rigid class distinctions of the Chosŏn Dynasty period.

> Medicine as compassion (*in* 仁), that benefits the entire collective humanity is the most morally elevated skill (*kisol* 技術). To choose to practice medicine is the ultimate and best way to practice justice and fairness, because to practice medicine is to not discriminate at all regardless of race, class, or social grouping to which someone belongs.[103]

The *Eastern Medicine* editors here fuse medicine as at one with compassion and justice by identifying doctors as the most moral and compassionate people who heal anyone in the world regardless of background.

> During the Chosŏn period, most people could not afford to see a trained physician. Instead they relied on shamans or picking random herbs. Only

[102] For a detailed discussion of some intellectuals' attacking Confucianism in Korea, see John Duncan, "Uses of Confucianism in Modern Korea," ch. 13 in Benjamin Elman, John Duncan, and Herman Ooms, eds., *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam* (Los Angeles: University of California Press, 2002), 431-462.
[103] *Eastern Medicine* editorial statement 1 (1934): 1.

> the elites, such as the *yangban*[104] aristocrats could afford to consult physicians. In the 1930s, nearly everyone can afford to see a *Hanbang* physician. This is a great boon for ordinary folks.[105]

Contrasting the past with the present, the physicians' message here is that the Chosŏn Dynasty past was class-bound and unjust compared to the 1930's present. According to the authors, the physicians' new compassion was one practiced through providing medical care regardless of their patients' class or status. Compassion for all through medical care was thus the new interpretation of the old Confucian term compassion. The authors understood compassion of the past as bound by loyalty to those of similar social status. Rather than seeking to replicate status and to accrue wealth, the authors stated their priority as saving people's lives.

> We always provide service at a fair price. Eastern medicine of the past was a marker of class status. The proletariat in the countryside can now afford Eastern Medicine because of our compassion *In*…Most important is that we have compassion for the masses. Nothing is more important than saving people's lives. We do that by keeping our prices low.[106]

The editors argue further that doctors must go beyond Korean nationalism in order to practice compassion to all in the world. In the 1930's Korean context, the use of the word *in* or compassion would have been recognized as Confucian language that most educated people would have read and so recognized as such. By using Confucian terms in new

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[104] *Yangban* 兩班 is the Korean word for the elite class in Korea before the colonial period. It literally means two rows, one row consisted of the senior civil officials and the other consisted of senior military officers.
[105] Cho Hŏn-yŏng, *Treatise on Popular Han Medicine,* 1934, 15.
[106] Initial publication statement in *Eastern Medicine* 1 (1934): 2.

ways, the editors define themselves both as moral actors rather than scientific technicians and as Koreans who are thinking beyond narrow nationalism or regional chauvinism. While Confucian language serves as a guide to action, according to the physicians, it also operates to aid in clinical acumen. Thus, the editors newly interpreted compassion as a concept to support the sense of an Eastern Medicine Renaissance for all people.

To explain how physicians could attain the skills necessary to assess and diagnose patients through only using their senses, the head of the Ch'ungnam Province Eastern Medicine Group Cooperative, Sŏng Ju-bong (成周鳳 1868-?), reminded readers of the necessity for physicians to train in Confucian morals.[107] Physicians read the sage Confucius, Sŏng told readers, not as simply an intellectual exercise, but for practical use. Linking moral self-cultivation with medical skills, Sŏng focused on *in* (compassion 仁) and *ŭi* (Righteousness 儀) as required moral qualities to become a *yu* (儒) or learned scholar.[108] Mobilizing compassion and righteousness gave physicians the ability to correctly diagnose and treat patients. He also defined such self-cultivation of morals as an aspect of *yangsaeng* practices.[109] Stressing that the physician-patient relationship was the most important factor in healing, Sŏng argued that although herbal medicines are powerful, the more decisive factor is the morally cultivated physician's healing presence and ability. Explaining that self-cultivation (*suyang* 修養), in the spirit of the Divine

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[107] "The Way of Eastern Medicine aiding the Masses," (Tongyang Ŭiyak ŭn chejung chido 東洋醫藥은濟衆之道), *Eastern Medicine* 3 (1939): 22-23.

[108] Odd Arne Westad argues that *Ŭi* or righteousness is the major concept used by Koreans in their own self-understanding from the early Chosŏn period onwards and until today. He means that Koreans have mostly defined themselves historically by identifying the necessary required righteous behavior.
Odd Arne Westad, "Empire and Righteous Nation: 600 Years of China-Korea Relations," *Fairbank Center for Chinese Studies Annual Edwin O. Reischauer Lecture Series,* Harvard University, May 1-3, 2016. Accessed, June 17, 2018, https://www.youtube.com/watch?v=0gHchhLjPBg
https://www.youtube.com/watch?v=YL7lIGzA4KI

[109] For discussion of *Yangsaeng* see chapter 3.

Husbandman (*Sinnong* 神農),[110] the Yellow Emperor, and the Duke of Zhou (*Chugong* 周公), means to transmit compassion (*in*) to the people of the world, Sŏng outlined that Korean physicians would transform Eastern medicine into a world medicine for all people.

The reconfigured Confucian language of the 1930's Eastern-medicine physicians was presented as an expression of medical compassion for the less privileged within Korea and also an action that transcends national borders. What was being espoused here might be termed a more explicitly healing and cosmopolitan form of Confucianism. The physicians argued for a selective interpretation of Confucianism, and not for an uncritical reverence of a class-bound society of the past, to support their claim that the new aspects of *Hanbang* medicine include the moral imperative of healing people regardless of background. With this new ethics of clinical practice, physicians aimed to practice compassion and righteousness by breaking down boundaries of both class and country of origin not only in terms of sentiment, but also through medical knowledge to offer healing to all. Thus Korean physicians adopted the universalizing discourse of Western medicine not only for their Eastern-medicine practice, but also for their newly interpreted Confucian moral categories of compassion and righteousness.

Ginseng as export symbol of Eastern Medicine

In their aim to universalize Eastern medicine, on what basis did Korean Eastern-medicine physicians claim their medicine was spreading to East Asia and the world? The claims

[110] *Sinnong* 神農 is the prehistoric mythical Chinese deity of agriculture and *Chugong* refers to the Duke of Zhou (ca. eleventh century BCE), a legendary statesman-scholar often historically revered in China and Korea.

may sound fanciful to moderns in the twenty-first century. Was it perhaps a hope rather than reality? One aspect of material evidence, however, does lie in the reality of the Korean ginseng export trade. In 1934, an *Eastern Medicine* editorial stated the following:

> From ancient times until now, there is no medicine in the world to even compare with the amazing quality of Korean herbal medicines. For example, ginseng is an excellent medicinal herb that is recognized as part of Han (漢) medicine. Persistent and arduous Korean efforts have transmitted many herbal medicines to Chinese medicine. But often, such medicines (as ginseng) are not recognized as Korean.[111]

In the colonial period, however, the colonial Government-General controlled the medicines' export trade.[112] While the evidence shows that ginseng, the most visible symbol of medicine in Korea, increased its exports during the colonial period, the external trade was run as a Japanese colonial state monopoly. Thus, while Korean ginseng increased in popularity, Chinese reports understood it as a Japanese-controlled product.

Also, a Malayan newspaper report of 1915 stated that millions of people in China take ginseng as a common household product.

> Ginseng cultivation is a Government monopoly in Corea…and the fabulous price of the article is maintained by regulating the crop. The dried roots form the chief article of export from Corea to China,

[111] "Aims of the Conference for Promotion of the East-West Medicine Research Association" (東西醫學研究會振興大會趣旨 Tongsŏ Ŭihak Yonguhoe Chinhŭng Taehoe Ch'uji) *Eastern Medicine* 1 (1935): 75.
[112] The Ginseng Monopoly Law was promulgated in July 1908. See *Seoul Press*, July 22, 1908.

amounting in value to some quarter of a million pounds sterling annually.[113]

In 1934, the *Shen Bao* 申報 newspaper reported that the Japanese were monopolizing the ginseng trade in China. The report claims that Japanese sales representatives were conducting huge sales (clearly of Korean ginseng) all over China, including in Peiping, Tianjin, Nanjing, Fujian, and Macao.[114] The *Shen Bao* also reported in 1943 that Korean ginseng and deer horn patent medicines were flooding the Shanghai market in a huge shipment, with the China-France Great Apothecary as the local buyer.[115] Korean ginseng exports expanded beyond northeast Asia in the 1930s, with red ginseng already having entered the Southeast Asian market in the 1930s. Furthermore, Singapore importer and distributor Wing Joo Loong (Eternal Prosperity 永裕隆) began importing Korean herbal products in the 1940s.[116]

The fact that the Japanese controlled the large Korean ginseng export trade on the one hand meant sophisticated distribution networks, but on the other hand obscured the Korean role in the operation. Historian Michael Kim has written a detailed article showing how the trade in and consumption of Korean ginseng expanded tremendously during the colonial period. Traditionally a luxury item, under Japanese rule, Korean ginseng became a mass commodity throughout East Asia. Kim argues that Korean

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[113] H. F. Macmillan, "Ginseng," *Malaya Tribune* (May 7, 1915): 6.
[114] "Japanese operating the ginseng market," (日人操縱人參市場 Riren caozong renshen shichang), *Shen Bao*, April 26, 1934. The same report stated that there were no ginseng imports from Manchukuo due to the embargo.
[115] "This winter, only one opportunity to strengthen: the first batch of Korean ginseng and deer horn essence has arrived in Shanghai," (Jindong jinbu weiyi liangji: "Gaolishenrongjing," shoupi dao Hu 今冬進補唯一良機:"高麗參茸精"首批到滬) *Shen Bao*, December 11, 1943.
[116] Kim Bo-gyung, "Debunking myths on red ginseng, Cheong Kwan Jang reaches out to health-conscious ASEAN markets," *Korea Herald,* May 13, 2018. Accessed online, June 22, 2018, http://www.koreaherald.com/view.php?ud=20180513000204

ginseng, in fact, provides a transnational history that ties the entire East Asian region together. Korean ginseng became a recognizable everyday commodity. Koreans, from the bottom-up, made use of the imperial networks to promote a "Korean" product.[117] As the *Eastern Medicine* authors lamented in the passage above, the Korean role in medicine is often substituted in the public mind by Chinese and Japanese medicines. Thus, as in the case of ginseng usually being thought of as part of Chinese medicine, when it has historically been mostly a Korean product, Korean contributions in medicine have often been subsumed as marginal to those of China and Japan. However, in their writings, the Korean physicians articulated a story in which Koreans did not consider themselves marginal. On the contrary, the Koreans acted as central players in aiming to shape healthcare in Korea, and the world. Korean ginseng was but one concrete manifestation of the Korean role in transmitting medicine both inside and outside Korea.

Conclusion

The story of the 1930's Eastern Medicine Renaissance in Korea is an unusual case in the history of colonial medicine. Responding to Japanese colonial rule that began in the first decade of the twentieth century, a few thousand Korean physicians of Eastern medicine complied with the new registration requirements, but they turned that compliance into effective resistance. By organizing conferences, publishing journals and books, and through the new medium of advertising, the physicians refuted Japanese official arguments of the superiority of Western medicine. The Koreans flipped on its head the Japanese rhetorical argument of Koreans and Japanese as one body (with the Japanese as

[117] Michael Kim, "The Pitfalls of Monopoly Production and the Ginseng Derivatives Market in Colonial Korea, 1910-1945," in *Seoul Journal of Korean Studies* 30. 1 (June 2017): 3-30.

'the head') and persuaded the Japanese that they could learn from Korean medical practices. Flipping the Japanese trope of Korean weakness upside down, Koreans thereby used their version of Eastern medicine to demonstrate Korean strength. Scholars have shown that the Japanese colonizers used Western medicine as a key arena to acheive colonisation.[118] Koreans reversed the Japanese reasoning by asserting the virtues of their version of Eastern medicine to strengthen Korean's health and also Korean pride.

The phenomenon of the Eastern Medicine Renaissance also corrects the scholarship that examines Korea, Japan, and China in isolation from one another. I have argued that the ideas of the Eastern Medicine Renaissance not only gave the Japanese little choice but to conform to Korean wishes, but also that this Renaissance in Korea helped to shape the concurrent medical Renaissance signified by Kampō in Japan. This case example of transnational history speaks to the necessity of acknowledging that ideas flowed freely across East Asia in the 1930s. Since Koreans, Japanese, and Chinese were highly aware of each other and shared many intellectual currents, analyzing any one of these countries in isolation from the others risks missing key elements in their shared transnational history.

By showing that the Renaissance was one drawn from Korean people's social practice of using Eastern medicine in domestic healing, I have offered a corrective to state-driven narratives in the scholarship. Revealing Korean voices from the sources shows that, even though they were colonised subjects, Koreans operated with a high degree of agency and used their power to argue for Eastern medicine in their newly formed journals to shape a particular form of medical modernity that did not leave out

[118] See Rogaski, 2004. See also Liu, 2009.

their own native medical traditions. The Eastern Medicine Renaissance in the period of Japanese colonial rule arguably reversed the stereotyped narrative of Japanese colonial medicine repressing Koreans' own medical practices. Through successful defence of Eastern medicine, Korean physicians turned the subordinated position vis-à-vis their Japanese rulers into a powerful motivation for organising themselves conceptually, textually, and institutionally.

Koreans influenced Japanese policy regarding medicine by asserting that Eastern medicine was superior to Western medicine in treating a wider range of conditions and in maintaining and strengthening a healthy body and mind. The Koreans' epistemological move to insist on their own healthcare choices was based on the idea that came to predominate throughout East Asia in the 1930s. This was namely that despite subjugation by official support for what they considered elite and expensive Western medicine, Korean physicians argued that Eastern forms of medical knowledge were valuable and useful in their own right, as the people advocating for *Hanbang* healing had sought to argue was also the case for the world.

PART THREE

Vernacular Rural Healers

As seen in chapter one and two above, the registered Eastern-medicine physicians' status was not yet settled by the 1910s. Although they had undergone experiences of uncertainty vis-à-vis their position regarding registration, they defined themselves as the legitimate physicians in Korea. They did so by favorably comparing themselves with those physicians who had not registered. For example, an *Eastern Medicine* editorial article also complained about unsavory unqualified types to contrast with the legitimate registered physicians: "There are some rough people practicing folk (*minjok* 民族) medicine. They just grab any herbs. They have no qualifications and no real level of skill."[1] Korean proponents of *Hanbang* medicine, such as Cho Hŏn-yŏng, also defined the legitimacy of the Eastern Medicine Renaissance by drawing a distinction between themselves and the non-qualified healers, whom they considered inferior. (See chapter four?) Such a stance complicates the established view of a sharp Japanese-Korean binary in the historiography.[2] Rather, the registered healers regarded themselves as elite healers in Japanese-ruled Korea, drawing a line between themselves and the large numbers of village healers of many varieties who fell outside the new medical registration system.

[1] "Outline of *Hanbang* Medicine," (*Hanbang Ŭihak ŭi Yungwak* 漢方醫學의輪廓), *Eastern Medicine* 1 (1935): 44.
[2] Park Yun-jae, 2006, 2008. Shin Dongwon, 2008.

While the physicians examined in the first two sections were well known and claimed elite professional status, many other non-registered physicians practiced in local rural regions. Examining these physicians, of which there is scanty evidentiary material, helps us to reorient the historical perspective by acknowledging that Kyŏngsŏng was not necessarily representative of all medical practice in Korea. Recovering rural voices reveals that the urban physicians did not necessarily hold a monopoly on defining Eastern medicine. In short, the two physicians examined in this section Sŏk-kok and Maeng Hwa-seop did not belong to the organizations discussed above. Instead, their medical and social authority were embedded in involvement in their respective local communities rather than the Eastern-medicine institutions dicussed above. Both Sŏk-kok were more interested in upholding Confucianism in medicine as they understood it. Yet their views on the social role of medicine significantly differed from each other. Sŏk-kok expressed strident objection to Western medicine and to Western ideas in general. His concerns can be read as mainly political in the global sense. For Sŏk-kok, medicine was a means to strengthen Korean bodies and minds nationally, while for Maeng, medicine was a means to practice Confucian benevolence by healing the people in his local area. Maeng presented himself, for example, as a benevolent Confucian gentlemen healing the sick and helping the poor living within his regional jurisdiction as an agricultural official.

Although, this final part examines only two cases, the evidence suggests medical plurality and a multiplicity of ways in which Korean people understood Eastern medicine in the first half of the twentieth century. While the Eastern-medicine physicians discussed in the previous two parts shaped the definitions of Eastern medicine, there was a wider range of different medical styles as well as a range of understandings of Eastern

medicine's social and political role. In short, this thesis argues that there was no monolithic, standard Eastern medicine in colonial period Korea but rather variations in interpretation of medical theory and its applications based on different social milieus and possibilities of medical thought and practice, which can be clearly seen in the examples of the two rural healers discussed in the following two chapters.

Chapter Five

Physician Aconite Yi on Strengthening the Nation: The Clinical and Civilizational work of Medical Metaphors at turn of the Twentieth-century Chosŏn Korea

Introduction

As the previous chapters have shown, elite Eastern-medicine physicians in Kyŏngsŏng participated in registration, published journals, built media profiles, organized symposia, and declared a great victory in the Eastern Medicine Renaissance in the 1930s. We now turn to what evidence we have of what rural unregistered physicians were doing in the colonial period. The scholarship to date has focused mainly on the urban physicians, since they left behind the most historical materials. One rural scholar-physician named Yi Kyu-jun (李圭晙), also known as Sŏk-kok (石谷) or Stone Gorge, lived from 1855-1923, in Chosŏn Korea.

Sŏk-kok was born in the Imkok 林谷 (Forest Gorge) Neighborhood, Eastern Sea District in Kyŏngsang, located in the southeastern corner of the Korean peninsula in 1855, and was the third son of four.[1] While his family name was Yi Kyu-jun, his style or courtesy name (cha 子) was Suk-hyŏn (Uncle Virtuous 叔賢), and his literary name (ho 号), was Sŏk-kok (Stone Gorge 石谷).[2] As a scholarly family in the locality, the Yi clan

[1] Kim Chŏk, 1979, 3.

[2] Courtesy names were commonly used in East Asia until the 1920s. In addition to the birth name, courtesy names were used upon reaching adulthood, and were used by others as a respectful form of address or

claimed descent from the renowned Confucian scholar and poet, Yi Che-hyŏn 李齊賢 (1287–1367), more commonly known by his pen name Ik-chae (Increased study 益齋).[3] For scholarly families in the Chosŏn Kingdom, claiming a lineage served as a badge of honor. Added to Yi Kyu-jun's ancestral credentials, his great-great grandfather and grandfather were both said to have been illustrious learned physicians. The Yi traced their family tree back to at least twenty generations in the Kyŏngju 慶州 region, the former capital city of the Silla 新羅 Kingdom (c. 4th century CE–935 CE), [4] through his mother hailed from the Kimhae Kim 金海金 clan.[5] As a common story in the colonial period, I speculate that Yi Kyu-jun was a marginalized literatus, meaning that he held no official posts that we know of.

He left prolific writings on medicine, thus providing evidence that Eastern medicine in Korea was more pluralistic than previously understood. Our knowledge of Sŏk-kok comes primarily from his own writings. As was common practice for scholars in Korea at the time, he wrote in literary Chinese, rather than in Korean script.

Extraordinary Stories of P'o (*P'osang gimun* 浦上奇聞), written in 1909, and published in 1918, outlines Sŏk-kok's astrological and geographical model in which he

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greeting. Scholars in East Asia, until the 1920s, when writing or painting usually used literary names as pseudonyms.

[3] Kim, Chŏk, 金勣, *Yi Kyu-jun ŭi saengae wa haksŏl e kwanhan koje* 李圭晙의 生涯와 學說에 關한 考祭 (*An Examination of Yi Kyu Chun's Life and Theories*), Masters degree thesis, Seoul: Kyunghee University, 1979, 3.

Duncan, 2015, pp. 247-248, discusses Yi Che-hyŏn's importance as a historian and proponent of Confucian learning. Yi had a long stay in Yuan China and was associated with leading Chinese Cheng-Zhu Learning (often called Neo-Confucianism) scholars. Historians usually place Yi Che-hyŏn as playing a major role in the rise of Cheng-Zhu Learning in Korea, but relevant to the discussion of his lineage descendant Sŏk-kok, Duncan shows that he fits more as a scholar of Ancient Style Learning.

[4] Michael Seth, A History of Korea, (Plymouth: Rowman and Littlefield Publishers, 2011), 35.

[5] Kimhae is a city in Kyŏngsang Province. The Kimhae Kim family by the twenty-first century comprised the largest family clan in Korea.

analyzes the regions of the world according to the positions of the stars.[6] At the end of his life, a number of his students took on the task of publishing some of his work. For example, *Sŏk-kok's Book on the Heart* (*Sŏk-kok sinso* 石谷心書) was published in 1922. In this text, Sŏk-kok outlines his conceptualization of the heart as most crucial to medical diagnosis and therapy. In 1923, his students published *Repolished Mirror of Medicine* (*Ŭigam chungma* 醫鑑重磨), a critique of Zhu Danxi's medical doctrine that primarily prescribed cooling medicines to control an overly heated heart and an exposition of his own theory of primarily prescribing warming medicines to add heat to the heart. In the tradition fitting of a literate Confucian scholar, his students also published his annotated commentaries on Confucian classical texts produced in Chinese antiquity. He had written annotated comments and criticisms of a group of texts known in Korea as the *Six Classics: Book of Odes* (*Maoshi* 毛詩); *Book of Documents* (*Shangshu* 尚書); *Book of Changes* (*Zhouyi* 周易); *Spring and Autumn Annals* (*Chun Qiu* 春秋); *Rites of Zhou* (*Zhouli* 周禮); and the *Book of Rites* (*Yili* 儀禮). Another volume published in the same year by his students included commentaries on the *Essential Classic* (*Jingsui* 經髓); *Canon of Rites* (*Dianli* 典禮); *Analects* (*Lunyu* 論語); *Classic of Filial Piety* (*Xiaojing* 孝經); and *Ancient Poems of the Tang and Song* (*Tang Sŏng gosi* 唐宋古詩). In this flurry of activity, his students also published *Nine Essays on Tricks of the Trade* (*Kujang yugŏl* 九章要訣); *Sŏk-kok's Jottings* (*Sŏk Kok sango* 石谷散稿), and *New Educational Skills in World Literature* (*Singyosul semun* 新教術世文).

[6] P'o refers to the city of P'ohang 浦項市, located in Kyŏngsang Province.

In 1968, Sŏk-kok's former student, Ch'oe Chong-nak 崔鍾洛 also discovered a stash of his unpublished manuscripts at the old Yi family home.[7] He began the task of collating and editing the manuscripts and was able, in 1981, to publish the additional texts: a revised edition of *Extraordinary Stories of Po*; *Extra Records of Stone Mountain Man* (Sŏksanin pyŏllok 石山人別錄); and *Methods for Reading the Spring and Autumn Annals* (Ch'unch'u tokpŏp 春秋讀法).

In 2001, Sŏk-kok's former students continued their work on rediscovered manuscripts by publishing his *Main Points of the Inner Canon of the Yellow Emperor: Basic Questions* (*Hwangche naegyŏng somun taeyo* 黃帝內經素聞大要). It is this text, a correction of the first part of the canonical text of Chinese medicine, *Inner Canon of the Yellow Emperor, Basic Questions* (*Huangdi neijing: suwen* 黃帝內經素聞), together with *Sŏk-kok's Book of the Heart*, where he outlines his theory of heart yang, that have attracted the most attention in the secondary scholarship. Also, in 2001, the scholar Yi Won-se published a collection of Sŏk-kok's medical prescriptions *New Prescriptions, New Compilation* (*Sinbang sinb'yŏn* 新方新編).[8]

Even though, Sŏk-kok's scholarly interests ranged widely, as can be seen by his oeuvre, he identified medicine as the best lens through which to explain Eastern thought and with which to strengthen Korea as a civilization. Despite his attention to broad questions of Confucian scholarship, some scholars have chosen to explain him as an

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[7] An Sang- Woo, 안상우, 2009, *Sŏk-kok sanko* 石谷散稿 (Sŏk-kok's Jottings), *The Minjok Medicine News,* Series on old doctors 407.700 (3rd June, 2009): Accessed digital version on March 14, 2017. http://www.mjmedi.com/news/articleView.html?idxno=15945

[8] *New Prescriptions, New Compilation* (*Sinbang sinb'yŏn* 新方新編), Yi Won Se ed., (Seoul: Taesŏng ŭihaksa, 2001).

interesting character with an unusual medical style that emphasized strengthening yang. In Korean Medicine colleges today, students learn that they may emulate illustrious physicians such as Kyŏngsŏng-based Kim Yong-hun in their medical style. However, current professors ignore Sŏk-kok, or caution using his style of practice. Thus, if he is remembered in academia, it is more as a cultural figure than a skillful physician.

Yet, hundreds of university-trained physicians, many of whom are also Kyŏngsang-based physicians, keep Sŏk-kok's memory alive by meeting in groups and in regular weekend rural study camps to discuss the master's writings and to share experiences in applying his medical ideas in clinical practice. His lineage has now spanned three generations of physicians. Sŏk-kok advocated prescribing the toxic herb, aconite as central to his practice style. However, for the self-identified Sŏk-kok lineage members, routinely prescribing aconite to patients is not merely an interesting theory but rather an actual practice.

I carried out fieldwork in Kyŏngsang province in the summer of 2015 during which I shadowed physicians and participated in weekend study retreats focused on learning Sŏk-kok's style of medicine. A group of disciples launched the Academic Society of the Basic Questions *Somun Hakhŭi* 소문학희 in 2001, with the purpose of continuing Sŏk-kok's legacy. The group consists of several hundred members, all qualified practicing medical physicians, with more than 250 members attending weekly study sessions in various locations in South Korea. The more dedicated Sŏk-kok disciples, several dozen in number, meet every weekend, from Friday evening until Sunday afternoon, with only one or two weekends off per year, at various locations around South Korea, but mostly in Kyŏngsang Province. The group stays at cabin style or

hotel accommodation. The members eat and sleep together in the same living space with the purpose of strengthening mutual bonds. They spend most of the time, though, studying medical texts in seminar style. They also read texts such as Confucian texts and Buddhist scriptures. While discussing texts, the members also bring in their own clinical experiences, often leading to lively debate on practical probems raised by the clinical cases. In between seminar sessions, the members also do physical activity, such as hiking in the mountains around the cabin. While walking, they discuss the local qi of the area and how it affects their bodies and minds. For example, they discuss the need to be sensitive to the difference between mountain qi and lowland coastal qi. Wherever they meet, on Saturday evenings, many of the participants continue the scholarly discussions until well after midnight.

I also observed clinical encounters by shadowing some of the Society members in their patient consultations. I also read through case notes, and spoke with patients. To my surprise, patients regularly took heavy doses of aconite and gratefully reported effective treatment results. However, in line with the discussions in the weekend seminars, physicians and patients alike emphasized that the prescribing style was not the most characteristic feature of Sŏk-kok's medicine. Rather, they explained to me that they considered the Confucian moral concept compassion (*in* 仁) to be centrally important in understanding Sŏk-kok's medicine.

Many Kyŏngsang Province people today understand the success and popularity of Korean Medicine through a local lens represented by Sŏk-kok's style of practice. The registered physicians indeed built networks across Korea, and even internationally, but as the case study of the legacy of Sŏk-kok's medicine demonstrates, there was as well

considerable regional variation in Eastern medicine in colonial Korea. However, although Sŏk-kok did not register with the state and was neither mentioned in Kyŏngsŏng newspaper reports nor enjoyed any other media coverage, nonetheless he built thick networks at the local level in Kyŏngsang Province. This network not only survives but also continues to grow, thus showing the multifocal nature of Eastern medicine's history in Korea and suggesting the likelihood of many other unexamined local medical styles in Korea.

As seen above, Sŏk-kok's oeuvre includes essays on medicine, science, Confucian texts, politics, and astronomy. He also wrote many poems and travel diaries.[9] In this chapter, I focus on one aspect of his medical writings, his use of aconite as a metaphor to argue for strengthening Korea as a civilization. To do so, I will examine some of his ideas contained in *New Prescriptions, New Compilation* (*Sinbang sinb'yŏn* 新方新編).[10]

Aconite: building to strengthen Korea

> The toxins of the globe have not only congealed in the brains and marrow of Western people, but are contaminating the livers and kidneys of Eastern people.

[9] I have written on some of these texts elsewhere. See James Flowers, "Reconfiguring East Asian Modernity: How the Unorthodox Healer Stone Gorge Yi Connected Supporting the Heart with Strengthening Korea as a Civilisation," *Asian Medicine*: *Tradition and Modernity* 11.1-2 (2016): 61-99.
[10] *New Prescriptions, New Compilation* (*Sinbang sinb'yŏn* 新方新編), Yi Won Se ed., (Seoul: Taesŏng ŭihaksa, 2001).

This issue of toxins is of such urgency that if we were not to act, it would be remiss of us and a source of great regret.[11]

In this passage, Sŏk-kok's anxiety about *tok* conditions is coupled with an urgent exhortation directed towards his contemporaries to strengthen themselves in the face of the onslaught of poisonous toxins, which he believed had already crippled Western people. Thus we see here that Sŏk-kok broadened the traditional associations of the *tok*-toxin metaphor to include civilizational factors, such as "Western learning."[12]

Perceiving the social problems in Korea as stemming from global causes, Sŏk-kok employed the term *tok* 毒, a metaphor generally meaning nominally, "poison or toxin," and adjectively "poisonous or toxic." In medical practice for centuries in Korea, *tok* typically referred to a malign pathogenic state, and not necessarily a poisonous substance in the modern sense. For example, a patient may contract a wind toxin, causing headaches and convulsions, which were considered as *tok*. A burning sensation on the skin is another example of a condition that may have been regarded as *tok*.

Although the word *tok* usually means toxin, etymologically in classical Chinese, it also could mean "to nourish."[13] We cannot be sure whether or not Sŏk-kok had this meaning in mind when he insisted on aconite as a panacea for the world's ills. This is because generally, aconite, a deadly poisonous plant, was a standard medicinal substance that was usually used with caution and typically in emergencies. For a patient with heart failure, for example, aconite was the medicine of choice as a powerful agent known to

[11] Sŏk-kok*, P'o Sang Gimun* (Extraordinary Stories of Po) (Daejeon: Korea Institute of Oriental Medicine, 2009), 46.
[12] Ibid.,"Confucianism has been attacked with the introduction of the new Western studies," 83.
[13] Axel Schuessler, *ABC Etymological Dictionary of Old Chinese*, (Honolulu: University of Hawaii Press. 2007), 216.

save lives. Instead of prescribing with caution, however, Sŏk-kok used aconite used routinely in his prescriptions.[14] In effect, he was using a poisonous substance in response to what he characterized as global poisons. Sŏk-kok's reference to the contamination of the Eastern people's liver and kidneys relates to standard medical metaphors for fortitude-liver and courage-kidneys. By fortifying people's kidneys, aconite would be able to foster courage in the face of life-threatening emergencies. Instead of expressing concerns at the narrow margin for error in prescribing poisonous aconite, easily causing death, he gave dire warnings of the congealed toxins in Western people's brains and marrow. The term Sŏk-kok uses for "brain and marrow," (*nwisu* 腦髓), is also used metaphorically to mean the deepest recesses of the physical body. In other words, the toxins have become so embedded in the body of Western people that they have merged with their personhood. While there is no hope for Western people, it does remain for Korean people. Sŏk-kok has, in other words, turned *tok* upside down by shearing aconite of its poisonous qualities and giving it a polyvalent character capable of saving Korean civilization. Aconite has become for him both a physical medicine and also an emblematic icon for healing by strengthening the liver-fortitude and kidneys-courage of the Korean people.

Writing in 1909, Sŏk-kok challenged by partial explanation, the dominant metaphor of the "Sick Man of Asia" used to describe China, and by extension its suzerain state, Chosŏn Korea, at the time.[15] The sick man metaphor referred to the physically and politically sick and moribund constitution of Chinese bodies and by extension the

[14] Yi Won-se, ed., *New Prescriptions, New Compilation* (Seoul: Major Star Medical Education Publications, 2001).
[15] *P'o Sang Gimun*, 46.

Chinese state.[16] He thus wrote: "China is perished and under subjugation."[17] The sickness manifested in the context of a story of deep humiliation at the hands of Western colonial powers in the second half of the nineteenth century.[18]

Although the sickness metaphor refers to China, as a Korean, Sŏk-kok identified himself with Chinese civilization and agonized at its demise as a potent force in the world.[19] China, prostrate and weak, had also abandoned Korea, failing to prevent her subjection to Japanese colonialism, leading finally to formal annexation in 1910.[20] For Sŏk-kok, Korea's parlous state of affairs demanded action. His proposed solution was to return to the Confucian textual authority of Han antiquity.[21] To explain the path forward to civilizational strength he turned to medical theory, adopting the metaphorical language of building, constructing, and strengthening amply found therein. Perhaps surprisingly, the military metaphor of fighting disease by repelling invasion, which was common in classical Chinese medicine, did not figure in his writings. Rather, Sŏk-kok advocated the theory of strengthening yang, principally by using the medicinal substance aconite for his patients to strengthen their bodies and spirits, and hence also strengthen Korean civilization via Confucian education.[22]

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[16] David Scott, *China and the international system, 1840-1949: power, presence, and perceptions in a century of humiliation* (Albany: State University of New York Press, 2008), 9.
[17] *Sŏk-kok Sango*, 83.
[18] Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body between China and the West*, (Durham: Duke University Press, 2008).
[19] *Sŏk-kok Sango*, 83.
[20] For a detailed account of the gradual Japanese colonization of Korea, see Kirk Larsen, *Tradition, Treaties, and Trade* (Cambridge: Harvard University Asia Center, 2008). Upon the demise of the Chosŏn Kingdom in 1897, a nominally independent Chosŏn Korean Empire limped on under Japanese hegemony until formal annexation in 1910.
[21] *Sŏk-kok Sango*, 83.
[22] Confucians followed an ethical and philosophical system based on the teachings of the Chinese scholar Confucius (551-479 BCE). A humanist set of values guided practical this-worldly issues such as governance and management of family relationships.

After discussing Sŏk-kok's place in the historiography, and his overall theoretical model, I focus on his reasoning for the liberal use of aconite, for him a significant emblematic metaphor. I show how Sŏk-kok employed the metaphorical meaning of aconite to guide his medical thinking and his wider socio-political writings. The logic in the *Book of Changes* (*Yijing*), the most important divination manual from Chinese antiquity, served as his main analytical tool to understand medicine.[23] Sŏk-kok also drew on the textual authority of *Inner Canon of the Yellow Emperor* as a source for his central metaphor of yang and for the heart as key in strengthening both physical bodies and the body politic.[24] Sŏk-kok was not remarkable in using metaphorical language. What marks him as a unique thinker was his particular approach of broadening a metaphorical model from medicine to link with a larger political model. Sŏk-kok therefore identified strengthening human bodies via aconite as a project of strengthening Korean civilization.

Two cases in Sŏk-kok's writings help to illustrate his medical thinking as tied to politics. One involves a case of a patient with weakening eyesight that appears in his *Sŏ* 書 (*Documents*), a short series of jottings dated to 1909.[25] Sŏk-kok's observation is that the unnamed patient is suffering from clouded lenses of the eyes, which are also extremely painful. Sŏk-kok thinks the precipitating factors were due to the patient being out in the wind and rain which has caused wind fire (*p'unghwa* 風火) in the person's eyes due to what he calls fire rising. While identifying fire as the main phase in excess, however, he determines that the underlying root cause is deficiency. Therefore there is a

[23] John Blofeld, translation, *The Book of Changes: A New Translation of the Ancient Chinese I Ching* (New York: E. P. Dutton, 1965).
[24] Hong Wŏn-sik, Gyokam sikyŏk Hwangche Naekyŏng Somun (Collation and translation of Inner Canon of the Yellow Emperor Basic Questions (Seoul: Tongyang ŭihak yŏnkuwŏnch'ulp'anpu, 1985).
[25] Sŏk-kok, *Documents*, 2009, 59.

mixture of both fire and cold. His strategy is to bring the patient's body back to overall balance in order to fix the eye condition. He describes the condition thus as an underlying deficiency that has caused disturbed vision like trying to see through fog and mist. Although we do not learn the results of Sŏk-kok's medical treatment, he prescribed herbal mixtures to clear the fire at one level but more importantly his chief strategy was to strengthen the yang of the patient, by prescribing aconite, to treat the underlying yang deficiency. Since this strategy of strengthening yang became the hallmark of his style of practice, this medical case appears to have been saved in his writings in order to illustrate his unconventional reasoning.

Whereas the first example is framed as a medical case, the second case uses the literary device of a dialogue and involves a chance encounter with an ill man while Sŏk-kok was walking in the mountains. The undated case appears in Sŏk-kok's Jottings published in 1923.[26] Whereas the first case is a straightforward account of treating a patient's eyesight that showcases his preference for the strategy of strengthening yang, the second medical case-cum-dialogue comes across more as political allegory.

Walking towards the tea fields in Kayasan Mountains 伽倻山 Sŏk-kok met a gentleman who he names as Counsellor Kwak Chong-sŏk 郭鍾錫. The title of Counsellor may either have been a polite honorific or indicates that Kwak was a local official. Sŏk-kok's depicts the local dignitary Kwak as suffering in pain due to the parlous political situation places local officialdom in conflict with the central state based in Hansŏng (漢城 Seoul). Kwak proclaimed that he was so sick that he could not raise himself to perform even the polite greeting of a bow. Sŏk-kok addressed the man as a respected

[26] *Sŏk-kok's Jottings,* 2009, 83.

elder and, out of concern, inquired into the nature of the gentleman's illness and discomfort. A discussion ensued on the sorry state of the world. The man's discomfort and suffering are, we learn in short order, due to the rapid changes occurring in Korea. Reflecting Sŏk-kok's consistent theme of a lost world, for instance, Kwak complains, "Confucianism has been attacked with the introduction of the new Western studies." Furthermore, he laments that the "government officials of the day have become slaves of foreigners, not allowing old-style private tutoring with Confucian books."[27]

Within the dialogue format, both Sŏk-kok and Kwak agree that the best independent course of action is for people to read Confucian books by themselves. He maintains, *The Zhou Bi (Gnomon of the Zhou and Classic of Computation* 周髀算經) book on astronomy and the *Yijing* (*Book of Changes* 易經), were transmitted by Han Dynasty Confucian scholars'.[28] His point is that Han-period (206 BCE–220 CE) Confucianism is his ideological model.[29] To do this he placed himself in opposition to the trend of educational reform, within this medical case. His position of advocating independent study was not uncommon for literati of the time, but the unique significance in this case is that Sŏk-kok used medical theory to make his point.

Shifting to asking what else Koreans can do, Sŏk-kok asks Counsellor Kwak what he thinks of Ch'ŏndoism (*Ch'ŏndo* 天道) or the "Way of Heaven." This question can be read in two possible ways. Literally, it could be read as a generic term for following the correct path. However, in the context of the time it is possible that this choice of question

[27] Ibid., 83.
[28] Sŏk Kok pointedly turns to Han sources from antiquity as texts of wisdom enabling salvation.
[29] The Han period (206 BCE–220 BCE) was often looked back to as a time of greatness because of its unification and over 400 years duration.

points to his sympathy for some of the worldview of the Tonghak 東學 (Eastern Learning) movement, which advocated the "Way of Heaven" as a guiding principle.[30] In the first decade of the twentieth century, with its decline, this formerly political movement transformed into a non-violent yet still influential religious organisation that changed its original name significantly from Tonghak (Eastern Learning) to Ch'ŏndoism (Way of Heaven).[31] Sŏk-kok adopts the Way of Heaven as a stance against western learning at the time when the mainstream response was the argument that Korea should adopt western technology while reforming and maintaining native knowledge.[32] By insisting on the Way of Heaven, in line with the Tonghak movement, he flatly rejects western learning, including Western technology.

Kwak answers obliquely by suggesting that the solution lies in strengthening the Korean people. The two agree again that, "Koreans have suffered, but have a good fighting spirit and enjoy harmonious relations among one another." They contrast this spirit with China, which has become subjugated. While foreigners have subjugated Korea, China destroyed itself. The officials in China mistreated the people, and most egregious of all, destroyed Confucianism. Sŏk-kok opines, "the scholars of the Wei 魏, Jin 晉, Tang 唐, and Song Dynasties heeded the sages of the past, but as time went on, no

[30] The Way of Heaven was a generic term used in the East Asian context. My point is that many of the ideas propagated by Tonghak followers resonate with Sŏk-kok's writings. Furthermore, face-to face interviews with Sŏk-kok's relatives and followers in July and August 2015 strongly support the position that he was a political activist and rebel, even before he became a physician.
[31] Kallander George, chapter 5, "Another Tonghak Revolution, 1904-1907," *Salvation Through Dissent: Tonghak Heterodoxy and Early Modern Korea,* Honolulu: University of Hawaii Press, 124-146.
[32] Yi Taejin, The Dynamics of Confucianism and Modernization in Korean History, (Ithaca: Cornell University, 2007). 296, 322, 357.

one in China did so."[33] Foreigners controlled China and now the Chinese people are spiritually ill. Here is the underlying political cause of the sadness at the root of Kwak's illness. So what medical treatment did Sŏk-kok advocate for elder Kwak? He argued that the path toward his recovery lay in spiritual strength, namely in self-strengthening, and this was not just for Kwak himself but also implied for all Koreans.

This medical case study-cum-political allegory ends with the repeated declaration that China has been subjugated, with the underlying message that the same fate may portend for Korea. Furthermore, Sŏk-kok restates his consistent belief in resisting western learning and his sadness at the plight of Confucian-style education. In this passage, however, he sees possible solutions for the situation that is maybe miserable but not hopeless. Together with the elder Kwak, he emphasises that they concur that people can still read and study independently. Kwak concludes, 'People in Korea are too aggressive these days. Recovery is still possible when people become more equanimous and united. We may then see a return to the Way of Heaven *ch'ŏndo*.

Sŏk-kok's emphasis on moral self-strengthening not only has broad political ramifications, but also resonates with his medical theory. His contribution in medicine was to emphasise strengthening of the body and mind in the form of targeting heart yang as the most crucial strategy in curing disease. This was highlighted as well in his first medical case treating dimming eyesight. His understanding of the body and mind as able to fight disease best by the strategy of strengthening yang was thus also integrated into his political solutions.

[33] These are the Chinese dynasties that directly followed the Han dynasty: Wei (220–265); Jin (265–420); Tang (618–907); Song (960–1279). The Tang and Song dynasties are particularly remembered by modern historians as times of greatness. The Tang is especially remembered for its cosmopolitanism.

Sŏk-kok could easily have been relegated to irrelevance or ignored as an insignificant theoretician who attempted to use medicine to make a political point. However, in the medical marketplace of twenty-first century South Korea, he commands a significant, albeit minority position, among doctors of Korean Medicine. A thriving and enthusiastic coterie of scholars and clinicians continue to practice medicine using Sŏk-kok's unique and innovative strategy of routinely prescribing aconite to patients.[34] Although Sŏk-kok's adoption of aconite challenged orthodoxy within traditional medicine in East Asia, this particular drug has played an important role across historical time and across the globe.

Historical representations of aconite

Modern textbooks of herbal medicine in Korea and China refer to aconite as a herb that restores devastated yang.[35] It is described as a highly poisonous substance that warms the fire in the body. When the fire in the body is lacking, aconite may be used to treat conditions such as sexual impotence. Aligned with aconite's association with treating impotence, we also see that it is indicated with conditions of devastation, as in collapse of the body. The textbooks show that aconite is thought of as the medicine of choice in emergency situations. From a biomedical perspective, aconite acts as a cardiotonic, able to revive a patient, for example, in the case of heart failure. Sŏk-kok does not describe

[34] Kim Taewoo. "Kwagŏ ŭi ŭisŏ esŏ put'ŏ tangtae ŭi sil'ch'ŏn kkachi "Somun Daeyo" Somun hakhoe, kŭriko tong asia ŭihak chŏnt'ong ŭi chŏnsung ŭl parapo nŭn ŭiryo inryu hakchŏk sisŏn" (From Classical Texts in the Past to Practices in the Present: An Anthropological Explanation of 'Somun Daeyo' Somun Hakhoe, and the Transmission of East Asian Medical Tradition), *The Journal of Korean Medical History*," 26. 1 (2013): 9-18. The Association is called the Academic Society of the Basic Questions (소문학회). *Basic Questions* refers to the first part of the classical Chinese medical text *Inner Canon of the Yellow Emperor.* In face-to face and onsite research in Korea in July and August 2015, I learnt that the Society, launched in 2001, consists of several hundred medical practitioner members, with at least 250 active members who participate in almost weekly lecture sessions.

[35] Dan Bensky, Steven Clavey, and Erich Stöger, *Chinese Herbal Medicine Materia Medica*.,Third edition, (Seattle: Eastland Press, 2004), 673-681.

aconite as a cardiotonic, but rather as a medicine to strengthen yang. However, in the medical system of the time, the heart was the most yang of the organs and so was represented by fire. For Sŏk-kok, drawing on orthodox medical understandings, the heart also represented the spirit of a person. His project, after all, was to revive the spirit of Korea.

The textbooks advise that aconite is contraindicated when there are signs of heat in the body; it is only to be used when the patient displays cold symptoms.[36] Sŏk-kok paid no heed to this precaution, prescribing aconite for most conditions. The aconite plant includes hundreds of species, all of which are poisonous. While aconite in Korean (*puja* 附子) can be translated literally as "seedlings attached to the sides (of the root)," it can also be translated as "recharging the essence seed."[37] Aconite's earliest names in Chinese, include the characters *jin* 堇 (fertile earth), *gen* 艮 (consolidator), and *jian* 建 (builder). Important to the discussion here is the metaphoric term of "builder." Yi's central metaphor pertained to building through internal strengthening.

In the principle of writing prescriptions in Chinese and Korean medicine, herbs were allocated positions within a hierarchy, closely analogous to the imperial court of the Chinese bureaucratic governing system. The traditional hierarchy consisted of monarch, minister, assistant, and envoy. The monarch drugs addressed the main condition while the minister drugs assisted by treating the main problem and secondary symptoms. While assistant drugs aid the effects of the previous two types of drugs and deal with their

[36] Ibid.
[37] Heiner Fruehauf. "The Flagship Remedy of Chinese Medicine: Reflections on the Toxicity and Safety of Aconite," *The Aconite Papers* (Portland: School of Classical Chinese Medicine, National College of Natural Medicine, 2012), 92.

iatrogenic effects, the envoy drugs harmonize the effects of all three.[38]Owing at least partially to its potency, aconite was always the monarch within any prescription. A look through any medical manual, historically and in the present time, confirms its position as the ruler, its potency almost dwarfing the effects of the other medicines with which it was prescribed.

Physicians believed aconite's powers were related to its geographical origins. The aconite-growing fields have continued operations for approximately two thousand years. Located in a harshly cold region at the foot of the Himalayas, in Jiangyou (present-day Sichuan, China), the area is known for its auspicious purple clay, and its position at precisely the meeting place of the Indian and Eurasian tectonic plates.[39] For these reasons, scholars attributed to this region yang powers of the earth. Aconite was often referred to as well as the "Yellow Springs," (*Huang quan* 黃泉), a euphemism for the underworld, for its ability to keep energy stored in the lower part of the human body considered analogous to the lower depths of the earth. Frédéric Obringer, in his study of aconite in ancient and medieval China, refers to it as the redemptive poison, for its ability to both take and give life.[40] An example of aconite's abilities to take life is that, like in

[38] Marta Hanson and Gianna Pomata, "Medicinal Formulas and Experiental Knowledge in the Seventeenth-Century Epistemic Exchange between China and Europe," *Isis* 108.1 (2017): 3.
[39] Heiner Fruehauf. Trans. "Yang Tianhui: Notes from My Visit to the Fuzi Growing Area of Zhangming County (Song Dynasty 1099 CE)" *The Aconite Papers.* (Portland: School of Classical Chinese Medicine, National College of Natural Medicine, 2012). For discussion on the importance of Sichuan Province for aconite production see Frédéric Obringer, *L'Aconit et L'Orpiment*: *Drogues et poisons en Chine ancienne et medieval* (Aconite and orpiment: drugs and poisons in ancient and medieval China) (Paris: Fayard, 1997), 91-103.
[40] Ibid., see chapter 3, "L'aconit: un poison rédempteur." (Aconite: a redemptive poison), 91-130.

many other places in the world, in China it was the poison of choice used on arrowheads in war.[41]

Aconite first appears as a remedy in the earliest and best-known texts featuring medicinal remedies in China, including the Mawangdui manuscripts (tomb sealed ca. 168 BCE), the *Shennong Canon of Herbal Medicine* (written between 200 and 250 CE, and compiled 452-536), and the *Treatise on Cold Damage and Miscellaneous Disorders* (ca. 220 CE).[42] Its importance in the texts of antiquity led Obringer to refer to aconite as an emblematic symbol of Chinese civilization, for its ubiquitous presence in the life of people of antiquity. He noted that its importance in the economy was undeniable with the huge output over centuries of the aconite growing fields in Sichuan.[43]

Until today even, Korean people have relied on imports from China for their aconite. Therefore, we are not sure when people in Korea started using it. The species of aconite native to Korea, less potent than the Chinese variety, rarely appears in the records as being used at all. A reference in the early seventeenth-century Korean medical text *Treasured Mirror of Eastern Medicine* (1613) refers to *puja* as "the best of all the medicines."[44] This was certainly a reference to the aconite imported from China. However, the author Hŏ Chun only included it in a few of his prescriptions.

Although aconite appears frequently in medical texts from the Chinese Han dynasty (206 BCE-220 CE) onwards, and had been known as the king of herbs, the

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[41] N. G. Bisset, "Arrow poisons in China. Part I." *Journal of Ethnopharmacology* 1.4 (1979): 325-384. "Arrow poisons in China, Part II. Aconitum-Botany, Chemistry and Pharmacology." *Journal of Ethnopharmacology* 4.3 (1981): 247-336.

[42] For an analysis of aconite in China, see also Liu Yan, 'Poisonous Medicine in Ancient China," in Philip Wexler, ed. *History of Toxicology and Environmental Health: Toxicology in Antiquity*, Volume II (Elsevier, 2015), 89-97.

[44] Hŏ Chun, *Treasured Mirror of Eastern Medicine* (Seoul: Ministry of Health and Welfare, 2013), part VII, 3650.

evidence shows that over the centuries, its use declined to being prescribed only occasionally or in emergencies. From about the 16th century onwards, elite doctors, especially from the most heavily populated, economically well off, and culturally flourishing Jiangnan region, eschewed aconite as a medicine. Considered too harsh, risky, and Yang in nature for patients, these elite doctors preferred the metaphors of "harmonization and gentleness" (pinyin and characters) or to treat by "using light drugs for a heavy hit" (*qingyao zhongtou* 輕藥重投) in their drug formulatinons.[45]

In India, aconite shared many of the qualities healers in China also recognized in it. Known as *bish* in Hindi, it was widely present in medical practice.[46] As in China, Indian healers wrote of aconite as hot, drying, and highly toxic, but also highly efficacious in its curative powers. It was thought to be effective in particularly dangerous or incurable complaints. It was made into pills with such names as "death-destroying pill." A term absent from the literature on Indian medicine, however, is the metaphorical concept of "building," though the interpretation of its "enabling" functions comes close. With its dual identity, as both destroyer and enabler, *bish* played a central role in Indian origin myths for its potent powers comparable to aconite's dual identity in Chinese medicine.

In Europe, aconite has secured a place in medical practice for at least two thousand years.[47] Pliny, in his *Natural Histories*, explained that the name was given to

[45] Volker Scheid, *Currents of Tradition in Chinese Medicine 1626-2006* (Seattle: Eastland Press, 2007), 163.
[46] David Arnold, "Bish: The Social Life of Poisons in Nineteenth-Century India," unpublished paper presented at Johns Hopkins University, Baltimore, November 13, 2014.
[47] For a historical survey of aconite in Europe see, John Haller, "Aconite: A Case Study in Doctrinal Conflict and the Meaning of Scientific Medicine." *Bulletin of the New York Academy of Medicine* 60.9 (1984): 888-904.

the plant because of its abundance at Acona (in modern-day Turkey), believed by the Greeks at the time to be the entrance to the underworld.[48] The mythical nature of the natural habitat attributed in Pliny bears a strong parallel with the mythical powers attributed to Jiangyou at the foot of the Himalayas. The term aconite is derived from Latin, while the plant was known in vernacular language as monkshood or wolfbane. The medicine is listed in Disocorides *De Materia Medica*, the standard reference book for medicines in the West for centuries, as a deadly poison used to kill wolves and other wild beasts. [49]

In popular culture, aconite also features as a poison in Shakespeare plays. For example, King Henry IV, in the eponymous play, compares aconite's effects with gunpowder.[50] In more recent times, wolfsbane has been featured in some Harry Potter novels as a potent substance necessary for spells; Potter even needed to learn about the properties of aconite in his wizardry class.[51]

We thus see, a nearly universal belief among people that aconite possesses various types of special powers. These powers are associated with the origin myths of aconite in India and Europe related to the belief that it was associated with the underworld as it was with the "Yellow Springs" metaphor in China. For diverse reasons, and due to its deadly poisonous nature, across the world the plant has been ascribed something like magical powers of healing and in social meaning. Aconite has maintained

[48] Pliny the Elder, *The Natural History*, vol. V, translated by John Bostock and H. T. Riley (Henry Bohn: London, 1856), 220-221. Originally published 77-79.
[49] Dioscorides, translated by Robert Gunther, *The Greek Herbal of Disocorides* (Oxford: Oxford University Press, 1934) IV 77, IV 78.
[50] William Shakespeare. King *Henry the Fourth Second Part,* (London: Macmillan) act iv, scene iv, p. 69.
[51] J. K. Rowling, *Harry Potter and the Sorcerer's Stone* (Danbury: Scholastic, 1999).

a presence in medical knowledge in the West, even if not always for healing purposes through the twentieth century.

Homeopathy clearly exemplifies aconite's modern usage. Aconite's dual property to both poison and heal inspired Samuel Hahnemann (1755-1843) to devise the homeopathic medical system. Homeopathy was widely used in Europe and the United States until the end of the nineteenth century. Even if it has lost much of its popularity, it still survives as a therapeutic system in the twenty-first century.[52] Employing the idea of similars, aconite became a key ingredient in homeopathic medicine, with the idea that such a toxic substance was best to cure poisoning. This idea parallels Sŏk Kok's thinking to use aconite—the most toxic of toxins—to save lives from poisoning.

Aconite: the builder, recharging the essential seed

In "The Metaphorical Nature of Drugs and Drug Taking," Michael Montagne convincingly argues that historically medicine was often imbued with magical abilities, and embedded with many types of social meaning.[53] He shows that the original Greek term for drug, *pharmakon*, meant remedy, poison, or magical charm. The multivalent quality of remedy and poison applies dramatically in the case of aconite, with its highly poisonous nature. Montagne's argument that drugs also express social meaning beyond chemical properties helps in understanding Sŏk-kok's use of aconite. In his writings, Sŏk-kok makes a forceful case for the use of aconite.[54] However, we have no written evidence

[52] Haller, p. 892.
[53] Michael Montagne, "The metaphorical nature of drugs and drug taking," *Social Science and Medicine* 26. 4 (1988): 417-424.
[54] Sŏk-kok, edited by Yi Won-se, *Sin pang sin pyŏn* (*New Prescriptions, New Compilation*). (Seoul: Taesŏng ŭihaksa, 2001), 235.
2001.

that he prescribed the medicine for actual patients. Only two of his medical cases are extant,[55] and in neither case, does he offer a medical treatment or therapy beyond general advice. Despite the lack of solid evidence for his actual use of aconite, Sŏk-kok's followers in South Korea, many of whom are doctors with a university education, do not doubt that he routinely prescribed aconite, and so they continue to prescribe aconite to their patients in line with his clinical strategies.[56] Even though these doctors still follow Sŏk-kok's clinical advice, it is no longer clear as it was with him that they are thinking of building a stronger Korean civilization. However, despite this change over time in social meaning, aconite continues to act as an emblem for courage and precision in artistry among medical practitioners. Its severe toxicity, easily causing death, leaves little space for error in its use. Even though doctors in South Korea are no longer concerned with poisons congealed in the brain and marrow of western people, as Sŏk-kok was, their aconite use still expresses the social meaning of the greater potency of Korean medicine vis-à-vis Western biomedicine. To get a sense of its present-day social meaning, the secondary literature on Sŏk-kok, typically valorizes him as a healer symbolizing the "splendid" qualities of Korean Medicine.[57] To use aconite well thus requires a high level of skill and sophistication, with strict requirements in preparation, cooking, and combining with other medicines. Hence, despite aconite's availability and continuing presence across the world, in the context of the practice of Sŏk-kok and his followers up to the present, aconite became for them an emblematic "Korean" herb representing the

[55] Sŏk-kok, *Sŏ* (Documents) (Taejŏn: Korea Institute of Oriental Medicine, 2009), 59. Although written in 1909, this book wasn't published until 2009.
Sŏk-kok Sanko, 83.
[56] Kim Taewoo, 2013. In July and August 2015 when I participated in intensive face-to-face study with Sŏk-kok's medical followers and with his relatives, they all empahasized their belief that Sŏk-kok consistently used aconite in his approximately twenty years of clinical experience.
[57] Kwon Oh-Min, 2010.

traits of courage and audacity comparable to Sŏk-kok's belief in the yang qualities of Korean people.

Sŏk Kok based his medical strategy on the metaphor of building (*kŏn* 建), an early name for aconite. His undated *New Prescriptions New Compilation* was published in the genre of a desk manual for doctors.[58] Aconite-*puja* is included in almost every formula out of over six hundred in his compilation. But since he did not provide further instructions on preparation, untrained people could not have known how to prepare and dispense Sŏk-kok's emblematic medicinal substance without causing death. In the orthodox fashion of doctors in Korea, Sŏk-kok arranged his book by disease category. The forty-eight disease categories are arranged according to diseases caused by environmental factors and according to regions of the body. Sŏk-kok adopted this system of categorizing diseases from Hŏ Chun's *Treasured Mirror of Eastern Medicine*.[59] Sŏk-kok's two large categories are diseases caused by external factors from the environment – including wind, cold, summer-heat, heat, and dryness – and those caused by internal factors, such as qi deficiency, blood deficiency, and yang deficiency. It is important to note that the diseases he refers to are not fixed entities, but typically one or two symptoms.

In accordance with common traditional practice among learned doctors in Korea and China, in each of the forty-eight categories Sŏk-kok listed a number of formulas. Each formula included twelve to fifteen ingredients, which were usually plant-based, and much less commonly minerals, and a few animal parts. After listing the ingredients, Sŏk-

[58] *Sinbang sinb'yŏn* 新方新編 (*New Prescriptions, New Compilation*) Edited by Yi Won Se. Seoul: Taesŏng ŭihaksa, 2001.
[59] Hŏ Chun, *Tongui Pogam* (*Treasured Mirror of Eastern Medicine*) (Seoul: Ministry of Health and Welfare, 2013).

kok provided a brief commentary on what disease condition the formula should be used for.

In his *New Prescriptions*, Sŏk-kok stands out by not adhering to the well-known and common formulas of his time. Going against common practice, he did not draw on either famous physicians of the past or fit himself into any particular style. His aim clearly was to assert his own "supporting yang" style, aiming for strengthening the weak. The first formula "Build the Spleen Decoction" (*Kŏnbit'ang* 健脾湯) in the first category, that of herbs that expel wind from the body, (which is commonly the first category in physicians' formulary) represents his medical thinking.[60]

> Build the Spleen Decoction.[61] White poria, nut grass, aconite, ginseng, each 1.5 *ton* 錢;[62] atractylodes, sweetflag, pinellia, jack-in-the-pulpit, immature bitter orange, cinnamon, each 1 *ton*; coptis, licorice, each 0.5 *ton*; 5 slices of ginger. Treats wind damp cold toxins congealed in the whole body causing the voice to be unclear.

Significantly, Sŏk-kok lists this formula as "Build the Spleen Decoction," which clearly signals that he considers "building" as primary. Much of medical practice in Korea and China was framed around the principle of locating pathogenic factors, of which wind was the most common and the most destructive. Orthodox practice held that this pathogen then needed to be expelled, fought, or resolved by pushing it back out of the body into the

[60] Sŏk-kok, Yi Won-se, ed., *Sinbang sinb'yŏn*, *New Prescriptions, New Compilation*, 2001, 2.
[61] The punctuation is mine.
The spleen corresponds to the color yellow and to earth. It is not known whether Sŏk-kok, by choosing to first focus on the earth element, in his *New Prescriptions*, was thinking of the *Inner Canon of the Yellow Emperor*, as well as the Yellow Springs, related to aconite. I believe it highly likely, since he privileged the *Inner Canon of the Yellow Emperor* above all other medical texts.
[62] A *ton* is a measure equivalent to approximately three grams in the modern sense.

external environment.[63] In this way, diseases were not quite caused by disease entities, but at least by a type of environmental pathogen that had entered the body from outside. Of the six other pathogenic factors, wind was considered as the spearhead of a myriad of diseases. In orthodox practice, there were many herbs that could be prescribed and mobilized to expel the pathogen, often by diaphoresis. A typical example is cinnamon, a classic medicinal prescribed to mildly resolve wind pathogens at the surface of the body and so allowing the pathogenic wind and/or cold to be vented out of the body. The metaphors employed in this type of scenario, were often military, herbs being described as soldiers in a battle with pathogens. Words like defence, guarding, hitting, expelling, freeing, and liberating, appear as the normal type of metaphoric language. Sŏk-kok never uses such language but rather uses building and strengthening metaphors. He pays no heed to pathogens as entities to be resolved. In all his formulas, he centers his innovative strategy around aconite as the monarch, and builds the mixture by varying the accompanying herbs according to each type of condition.

Build the Spleen Decoction was commonly used, first described by Chinese physician Wang Kentang's (王肯堂 1549-1613) in 1602.[64] In orthodox practice this prescription was prescribed to strengthen the spleen by reducing food stagnation and stopping diarrhea. With its emphasis on treating problems of the digestive system, it was nevertheless understood as a strengthening yang type of formula. By choosing to start his

[63] To get a sense of the orthodoxy in medical practice discussed here, see Volker Scheid, Dan Bensky; Andrew Ellis, and Randall Barolet. *Chinese Herbal Medicine Formulas and Strategies* 2nd edition (Seattle: Eastland Press, 2009). Or see Ho Chun, *Treasured Mirror of Eastern Medicine,* English translation, part VII, 2013.

[64] For discussion see See Scheid, Bensky, Ellis, and Barolet. They discuss Wang Kentang's (王肯堂 1549-1613) *Indispensable Tools for Pattern Treatment* (*Zheng zhi zhun sheng* 證治准繩) published in 1602. 2009, 835-837.

compilation with Build the Spleen Decoction, Sŏk-kok signals his belief in the primacy of strengthening yang. More significantly, he changed the ingredients of the original formulation. Adding the potent substance aconite changes the nature of the formula. It has now become acrid and drying, strongly fortifying not only the spleen but also the kidneys, which were commonly known metaphorically to be associated with courage and potency, respectively.

Unlike his contemporaries in Korea and China, Sŏk-kok ignored the concept of wind as an agent to be expelled, repelled, or resolved before it caused more damage to the qi within, thus bringing on illness. Although Sŏk-kok labeled his first section on wind conditions, he barely prescribes any medicines to expel or resolve the wind. The *Shang Han Lun: On Cold Damage*, a canonical medical text written by Zhang Zhongjing at the end of the Eastern Han Dynasty, advocated as a basic strategy to expel external pathogens, such as wind, which had entered the human body from the outside.[65] In Zhang's medical model, wind was the factor that could also carry other pathogens, such as cold, into the body, thus causing disease.

With the nature of his writing prescriptions, we see that he was not interested in expelling disease factors, but instead intent on building. Sŏk-kok instructs his contemporaries to "build." As already explained although aconite was traditionally sparingly used, and mostly in emergency situations, Sŏk-kok believed that the time during which he lived, during which the Sick Man of the East metaphor prevailed, was an emergency situation.

[65] Zhang Zhongjing, translated by Feng Ye, Nigel Wiseman, Craig Mitchell, *Shang Han Lun: On Cold Damage, Translation and Commentaries* (Brookline: Paradigm Publications, 1999).

> China is perished, and under subjugation. Foreigners have controlled China and now the Chinese people are spiritually ill… People in Korea are too aggressive and fractious these days. Recovery is still possible, however, when people become more equanimous and united. We may then see a return to the Way of Heaven (*choŏndo* 天道). [66]

At a time of perceived political weakness, and facing the threat of poisoning from the West, his model employs the drastic measure of liberal prescribing of poisonous aconite which combined with its potent healing powers was able to build and strengthen the political as well as physical body.

One more example demonstrates Sŏk-kok's emphasis on building and strengthening yang. Most of Sŏk-kok's formulas are clearly his inventions, including their titles. However, one famous formula would have been familiar to trained physicians of the time in Korea, China, and Japan. "Six-Gentlemen Decoction" (*Yuk kunja t'ang* 六君子湯) first appeared in the *Formulary of the Pharmacy Service for the People in the Taiping Era* in 1107.[67] As Asaf Goldschmidt has analyzed, the Chinese state during the Song Dynasty (宋 960-1279) undertook an activist program to develop medicines that could be used widely across the empire.[68] Six-Gentlemen Decoction was formulated in the Song's Imperial Medical Bureau, primarily for strengthening the spleen and treating nausea and vomiting, with possible loss of appetite and coughing. It remains widely used in the twenty-first century.

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[66] Sŏk-kok, *P'o Sang Gimun* 5.
[67] Volker Scheid, Dan Bensky, Andrew Ellis, Randall Barolet, eds, 2009, 311-312.
[68] Asaf Goldschmidt, "Reasoning with Cases- The Transmission of Clinical Medical Knowledge in Twelfth-Century Song China." Unpublished colloquium paper presented at Johns Hopkins University, Baltimore, 2015.

Sŏk-kok includes Six-Gentlemen Decoction in his section on coughs.[69] As he does with most of his prescriptions, primarily, he has added aconite to the original version. He also made several other changes, such as adding mulberry bark to focus on treating cough.

> Ginseng, wolfberry root, 2 *ton* each; tangerine peel 1.5 *ton*; white poria, atractylodes, aconite, pinellia, white mustard seeds, cinnamon twigs, mulberry bark 1 *ton* each; licorice 0.5 *ton*.

Again, differing from the original Song Dynasty meaning, Sŏk-kok gives the indications as chronic cough and wheezing with qi and blood deficiency. Typically, by prescribing aconite, he is focusing on strengthening yang and rescuing the patient from deficiency and weakness instead of the opposite therapeutic strategy to expel external wind.

Worrying about Korea

Sŏk-kok's reputation in the field rests not only on his insistence on strengthening yang with the liberal prescribing of the deadly poisonous medicinal substance aconite, as detailed above, but also on his stubborn insistence on embracing Confucian ideology of Han China (206 BCE-220 CE). His call to seek authority from the past, while not entirely uncommon among his contemporary scholars in Korea, was nevertheless an odd voice at a time when a majority among them accepted certain degrees of acceptance of the new Western learning. Sŏk-kok's range of writings, spanning genres from essays, poems, maps, travel writings, letters, medical treatises, and charts, show that his chief concern was with resurrecting the Confucianism from antiquity and resisting Western learning.

[69] *Sinbang sinb'yŏn* New Prescriptions, New Compilation, 2001, 25.

Previous scholars have produced fine work on his medical writings, discussing his theoretical framework, and the roots and rationale of his Confucian beliefs.[70] I argue, however, that to better understand his medical writings, we need to look at his whole oeuvre, placing his medical ideas in the context of his political concerns, stemming from his worries about the weakness of the "East" vis-à-vis the "West." Furthermore, the historiography neglects the paradox of Sŏk-kok's use of the poisonous aconite as an antidote to the poisons emanating from the "brain and marrow" of Western people.

Sŏk-kok uses medical theory to explain the world in cosmological terms. Drawing from both the *Book of Changes* and the *Inner Canon*, Chinese texts from antiquity, his major argument is for the necessity of strengthening yang. "Children should take medicine to assist yang, so all the more reason that the elderly especially cannot afford to be short (of yang)."[71] To review, yang refers to the sun, light, activity, male, excitement, heat, dynamism, exuberance, and so on. In complementarity, yin refers to the moon, darkness, inactivity, female, calmness, lethargy, apathy, and so on. The original meaning of yang 陽 was the sunny side, or south side of a valley; and yin was the shady or north

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[70] Kim, Chŏk, *Yi Kyu Chun ŭi saengae wa haksŏl ae kwanhak koch'al* (An Examination of Lee Gyu Jun's Life and Theories) (Seoul: Kyunghee University, 1979). Hwang, Won Tŏk, "Sŏk Kok Yi Kyu Chun ŭi puyangryun ae kwanhak yŏnku" (An Examination of Shukgok Lee Gyu Jun's Treatise on Supporting Yang) *Journal of the Society for the Study of the Origins of Korean Medicine*) 12.2 (1999): 15-53. Qian Chaochen, "Suwen Dayao Yanjiu" (Research on Main Points of Basic Questions) *Journal of the Society for the Study of the Origins of Korean Medicine* 19.3 (2006): 432-438. Kim Chung Han, "Yi Kyu Chun ŭi Somun daeyo ae nat'anan tokch'angsŏng" (Appearance and Creation of Main Points of Basic Questions) *Journal of the Society for the Study of the Origins of Korean Medicine* 5 (1992): 18-46. Kim Nam Il, "Lee Kyu-joon's study on *Huangdineijing* in the late Choson era," *Korean Journal of the Society for the Study of the Origins of Medicine* 10.1 (1996): 1216. Kim Ch'ang Kŏn, "Research on Main Points of the Basic Questions" (*Hwangche somun daeyo ŭi p'yŏnche ae taehan yŏnku* 黃帝素問大要 의 編制에 대한 硏究) (Daejeon: Daejeon University, 2007). Kwon, Oh-Min, A Study on Shukgok-Lee Gyu Jun's Medical Ideas, (*Sŏk Kok Yi Kyu Chun ŭi inkankwan kwa ŭihakron yŏnku* 石谷 李圭晙의 人間觀과 醫學論 연구) PhD dissertation (Seoul: Kyunghee University, 2010).

[71] Yi Kyu Chun (Sŏk-kok), *Somun Taeyo* (Main Points of the Basic Questions) (Koyang: Taesŏng ŭihaksa, 2003), p. 235.

side. Significantly, the word for sun 日 lies within the word for yang. To further illustrate his unique emphasis on the importance of yang, Sŏk-kok placed on his world map Korea and China as yang due to their southeast position and Europe as yin in the northwest position. In his mind, Korea's and China's yang positioning places them as superior to Europe's yin positioning in the northwest.[72] Sŏk-kok clearly drew on these metaphors to interpret Korea as related to the rising sun in the East imbued with the superior yang qualities of Korea.

But Sŏk-kok's assertion that doctors should concentrate on strengthening yang, in concert with strengthening the country, challenged conventions in Korean medical practice. While it should be acknowledged that medical practice was of course diverse and pluralistic, elite healers, with whom Sŏk-kok identified with, usually argued that medical practice should be best aimed at nourishing yin, the opposite of yang. Based largely on the teachings of the Chinese physician Zhu Danxi (朱丹溪 1282-1358), conventional theory advocated calming yang and nourishing yin.[73] The metaphor was of a fire that needed to be quelled or dampened. In line with state-sponsored orthodoxy, the educated elites in both China and Korea argued for Confucian sobriety, restraint, and equanimity. In other words, the passions needed to be cooled to both keep people healthy as well as the country calm and ordered. Medical theory in both China and Korea, drawing on the foundational *Inner Canon of the Yellow Emperor*, held that the heart housed the spirit of fire of a person. The heart was the Monarch of all the organs and as such represented the emotional or spiritual life of a person. Simply put, the Heart

[72] *P'o Sang Gimun.*
[73] Charlotte Furth, "The Physician as Philosopher of the Way: Zhu Zhenheng (1282-1358), *Harvard Journal of Asiatic Studies* 66.2 (2006): 423-459.

symbolized the way a person thought or felt, and also expressed who he or she was distinct from others. A multiplicity of heart metaphors in the Chinese as well as Korean language closely equated the heart with the identity of a person. For example, a person who was kind, as in English, is described as having a "good heart" or being "kind hearted" (*sŏnsim* 善心). Orthodox theory, since Zhu Danxi, however, held that the ruling heart organ needed to be held in check through judicious use of meditative practices and taking cooling medicinal products.[74] Sŏk-kok railed against the orthodoxy of cooling the fire by nourishing yin.

> Danxi's followers claim that most important… is that there are two types of fire. They say, therefore, that the yang in people's bodies is usually in surplus, while yin is deficient. They argue for medicines to nourish yin from childhood to old age. They say that fire is like a thief stealing the qi in the body. These words are absurd.[75]

He proposed that yang fire was a positive force, the most yang quality, and therefore doctors needed to increase the fire, and stoke the flames high. In simple terms, he argued that fire in the heart needed to be increased as people of his day were weakened and close to being poisoned by contamination from the West. He therefore argued for the liberal use of aconite – the dry, acrid, and very hot (as in increasing fire in the body) medicine – to stoke the metaphorical fire with its embedded potency that caused less brave healers to refrain from using. Using fire to boost fire was Sŏk-kok's trademark method for

[74] Although he does not discuss heart yang, for analyses of the East Asian view of the human body, see Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York: Zone Books, 2002). Yi-li Wu, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* (Oakland: University of California Press, 2010).

[75] Sŏk-kok, *Somun Daeyo*, 234.

strengthening human bodies and spirits, and thereby strengthening Korea, which was in his geographic imagination the most yang region of the world.[76]

Book of Changes as reference

Sŏk-kok also wove his political analysis into the cosmological model based on the *Book of Changes*. The text was originally a divination manual of the Western Zhou period (1046-771 BCE) in China. Over the course of the Warring States period (475-221 BCE) the *Book of Changes* became transformed into a cosmological text with a series of philosophical commentaries. The text is comprised of sixty-four hexagrams, each made up of permutations of combinations of yin and yang. Represented by symbols in the text, scholars have debated the meanings endlessly. Most came to read the symbols metaphorically, interpreting them in terms of moral guidance within a Confucian framework.

In his writings, Sŏk-kok declares that the *Book of Changes* is one of his canonical guiding texts.[77] Although there is no evidence in his writing that links his advocacy of aconite with his enthusiasm for the *Book of Changes*, it clearly informed his medical thinking. At the root of the meaning of the text is the possibility of change in all phenomena and all things. Accepting constant change as the norm implies understanding concepts and ideas not as fixed or static but rather as fluid and contingent. It is within such a framework that Sŏk-kok puts forward the idea of using aconite during his time period.

[76] Flowers, 2016, 84-87.
[77] Sŏk-kok, *Somun Daeyo* 素聞大要, 2003, 1.

Using the classical orthodox text of the scholarly elites in Korea, and in China, he has applied general cosmological teachings for use in medical theory. The first of the sixty-four hexagrams in the *Book of Changes,* titled Heaven (*qian* 乾), represents unbroken yang. The original text of the hexagram states, "origin, progression, harmonious purity." The standard commentary, *Treatise on the Symbolism of the Hexagrams*, includes in its first line, "Heaven, in its motion (gives) the idea of strength. The gentleman nerves himself to ceaseless activity."[78] Here we have in the first hexagram of the *Book of Changes*, the idea of unbroken yang as related to good health and strengthening. Although the hexagram is open to multiple interpretations, it is clear its overarching idea is that yang is the healthiest action and the strongest quality.

Here was a way in which a frustrated Sŏk-kok, most probably a marginalized figure from the gentry class, could instill his understanding of Confucianism into daily practice by using medicine.[79] Concepts from the *Book of Changes* provided vindication, in his interpretation, for using such a toxic herb as aconite. This text with its emphasis on the positive qualities of yang, aided in justification for medical theory, but also carried the embedded social stamp of scholarliness and officialdom. We do not know why Sŏk-kok was not able to secure a position in the Chosŏn government bureaucracy, but his writings throughout illustrate his frustrations with his own ruling class. In order to win much coveted positions in bureaucratic office, scholarly elites in Korea and China, were

[78] For discussion on *qian* and its relationship with yang and good health, see Alfred Huang, *The Complete I Ching*, (Rochester, Vermont: Inner Traditions, 1998), 21-37. Richard Wilhelm, translated by Cary Baynes, *The I Ching or Book of Changes* (Princeton: Princeton University Press, 1977), 3-10. Richard Lynn, *The Classic of Changes* (New York: Columbia University Press, 1994), 129-142. For the original Chinese text and its direct translation, see Kerson Huang, *I Ching The Oracle* (Singapore: World Scientific Publishing Company, 1984), 40-41.

[79] For a discussion of doctors in Ming China who also favored prescribing aconite see Ann Shu-ju Chiu. "Review of Joanna Grant. *A Chinese Physician: Wang Ji and the "Stone Mountain Medical Case Histories.*" *East Asian Science, Technology, and Medicine* 21 (2003): 156-161.

required to be examined on conventional foundational texts.[80] These texts ranged from Confucian texts such as *The Analects* and *Mencius* to classical poetry and historical texts.[81] The *Book of Changes* was unique, however, among the orthodox canonical texts for its inclusion of cosmology. In practical terms, the cosmological system was used for governance and for expostulation of moral philosophy. In other words, the *Book of Changes* allowed enough scope within its complex and obtuse text for interpretation, governance, and aid in ruling the state. In a word, the *Book of Changes*, in the hands of someone like Sŏk-kok could be used to argue for change. For Sŏk-kok, adoption of theory from the *Book of Changes* also marked him as a scholar, as well as a practical man.

Applying his scholarliness in a practical field such as medicine marked Sŏk-kok as a man of action, not merely a scribe working on abstract, metaphysical musings. He proposed a way of changing the world, with his metaphorical system of using an East Asian produced poison as an antidote to the global poisons emanating from Western people. The transformational and transient quality of things fundamental to the *Book of Changes* thus provided a framework for Sŏk-kok to counter the Sick Man of Asia trope.

To reinforce his argument that the time called for strengthening yang, Sŏk-kok also drew on astronomical and geographical reasoning. Most relevant to this discussion

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[80] John Duncan, "Examinations and Orthodoxy in Choson Dynasty Korea, in Benjamin Elman, John Duncan and Herman Ooms, eds., *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam* (Los Angeles: University of California, Los Angeles, 2002), 65-94. JaHyun Kim Haboush, "Constructing the Center: The Ritual Controversy and the Search for a New Identity in Seventeenth-Century Korea," in *Culture and the State in Late Choson Korea* (Cambridge: Harvard Asia Center, 1999).

[81] The Song Dynasty (China, 960-1279) scholar, Zhu Xi (1130-1200), is known for codifying Confucian learning by emphasizing the Four Books: *The Analects, Mencius, The Great Learning,* and *The Doctrine of the Mean.* Except for the eponymous *Mencius* (372 BCE-289 BCE), the texts are attributed to Confucius, and were posthumously compiled by his students. The Four Books formed the core of study and examination for the official classes in both China and Korea until the early twentieth century.

on his use of aconite was that he calculated the position of Ursa Major to be directly above Korea and China.[82] The Ursa Major symbolized yang, providing more evidence for Sŏk-kok of the importance of emphasizing strengthening Yang.

> People's basic character is determined by their location. Therefore people are so different. People of the South and center belong to *ri* 離 and are therefore imbued with justice and are civilized. People of the North and West belong to *kam* 坎 and are therefore deceitful and self-interested.[83]

According to the hexagrams in the *Book of Changes*, the South and center correspond to *ri*, which corresponds to fire and therefore to yang. But the North and West correspond to the opposite *kam* hexagram, which is associated with water and thus to yin. Again, interpreting the text for his own purposes, Sŏk-kok reading used the *Book of Changes* to legitimate his positioning of just and civilized East Asians (in the South and center) from the deceitful and self-interested Westerners (in the North and West). Combined with his astronomical reading, this interpretation showed him that yang (i.e., Korea) needed to be his focus in order to counter the negative influence of yin (i.e., Europe) in the region. Unlike his contemporaries, he advocated drastic action in healing as a project in saving Korea and its people. In this way, Sŏk-kok integrated medical meaning with cosmological metaphors for the purpose of political action.

A monist view of the world

[82] The evidence for Sŏk-kok's placement of China and Korea under the pole star can be found in his map of the globe. *P'o Sang Gimun*, 47.
[83] Sŏk-kok, *P'o Sang Gimun*, 12-16.

In Sŏk-kok's collection of writings, he also argued for a unified theory of the universe.[84] With regards to medicine, he claimed that people's health in mind and body was one with astronomy and geography. The monist model within which he advocated building and strengthening Korea via treating individuals with aconite-based prescriptions, can be said to have operated on at least four levels, the cosmological level (the universe as a whole); the civilizational level (meaning the use of Confucian education, which he believes to be based on virtue and compassion versus Western soulless utilitarianism); the contemplative level of the spirit; and the corporeal level of the human body.

In this discussion on aconite, I have focused more on Sŏk-kok's belief that his herb of choice strengthened both mind and body, and thereby his civilization. In modern language, he saw the body and mind together as a microcosm of the macrocosm of the globe. The quote from Sŏk-kok that began this chapter referred to anxiety about toxins beginning to contaminate the liver and kidneys of Korean people. Medical belief in the Korea of Sŏk-kok's time held that the kidneys were a metaphor for courage, potency, constitutional strength, and, crucially, intelligence. Not to strengthen the kidneys would result in fear and cowardice, impotence, constitutional weakness, and imbecility or feeble-mindedness.

Missing from this quote, however, is the unstated assumption in Sŏk-kok's world at the time, that his antidote to poisons, aconite, by its function of strengthening yang, necessarily acts on the heart, as the most yang of organs. In modern scientific terms, aconite strengthens the physical heart understood to pump blood through the body. More

[84] For an analysis of monism in Korea in this period see Nuri Kim, "The Proliferation of Monism to the East and the Making of the Religion of the Future in Early Twentieth-Century Korea," forthcoming article, *Journal of Religious History*.

importantly for Sŏk-kok, however, the heart was the principal metaphor for the moral lives of people.[85] He was really arguing that the spirit, housed in the heart, needed strengthening, in a type of moral strengthening. The moral dimension lay at the crux of Sŏk-kok's metaphor. For Sŏk-kok, the poisons from the West came in the form of ideas, so the antidote was really a strengthening of ideology and morals framed in Confucian terms. While literally prescribing aconite for patients, he was also ascribing to it a social meaning beyond mere chemical responses in the physical human body. While he did not use any language speaking of magical or mythical powers of aconite, by focusing on the heart as his chief metaphor among the human organs, he brought in the word spirit. As discussed in chapter two, the multivalent term for spirit (*sin* 神) could also mean supernatural, magical, of the netherworlds, and so on. In sum, his entire model works on metaphors at different levels, with his championing of aconite to cure bodies in a physical sense, but also as a form of moral self-strengthening. For Sŏk-kok, the heart as Monarch means not just a spirit that doctors acted upon, but also a spirit that acts on the outside world as a moral and physical force.

Conclusion

In response to the perceived crisis in Korea, as in China, due to the influx of western education, Sŏk-kok argued for a return to the classical texts of Chinese antiquity. In a changed world, Sŏk-kok used the *Book of Changes* to support his radical change to conventional medical practice. Instead of adhering to the medical orthodoxy that

[85] Sŏk-kok *Sŏk-kok Sim Sŏ* (Sok Kok's Book on the Heart) Taejŏn: Korea Institute of Oriental Medicine, 2009. See also his *Somun Daeyo*, 17-18.

advocated “quelling fire” through enriching yin, he argued for using aconite to strengthen yang as part of his strategy of moral self-strengthening. Sŏk-kok wielded metaphors common within medical theory in a new political framework to conceptualize and change the world. Ideas from the West become poisons, while poisonous medicine from the East is used as antidote. Medicines as material objects also become vehicles for socio-political meaning.

Increasing numbers of doctors in South Korea today who are followers of Sŏk-kok, claim to be practicing his style of medicine, however, it is shorn of all previous socio-political meaning. The examination of aconite in this chapter shows that by recovering Sŏk-kok’s use of aconite within the socio-political crisis of his era – i.e., vis-à-vis the retreat of China, encroachment of the West, and eventual colonization by Japan – we can better understand aconite’s metaphoric potency as an antidote to the perceived poisons of early-twentieth century Western modernity. By articulating how a specific medicinal could be infused with socio-political meaning, Sŏk-kok contributed to the broader arguments in Korea during his era to strengthen Eastern medicine’s status as a civilizational force that had the power as well to augment Korea’s potency both locally and universally.

While Sŏk-kok’s legacy survives through the Basic Questions Study Society members, yet another unregistered physician working in rural colonial-period Korea, Maeng Hwa-seop built a medical lineage that physicians in Korea today identify themselves with. Maeng’s medical style fits within conventional medical practice in Korea, but is distinctive for the conscious association with Chinese and Japanese medical styles as well as Korean.

Chapter Six

So why should I live?

From errand boy to Confucian gentleman practicing medicine

> So I became a medicine peddler. I bought a used bicycle and took orders by riding the bicycle around. When I took an order, I came to a wholesale medicinal herbal store and bought ingredients. I sold them to my customers with a small margin. You should have a big reserve capital for this kind of business because you had to have credit transactions to further the business. But you cannot make big money if you give medicine to customers and have to pay back wholesale stores with the customers' money. I had a hard time doing this business, and I was almost 20.[1]

The sources

This chapter revolves around Korean physician Maeng Hwa-seop's (孟華燮 1915-2002) oral testimony recorded by video camera in the year 2000. At age eighty-five he agreed to give a brief spoken history to his student, Park Yung-hwan (朴映奐), also a physician of Korean medicine. For one and a half hours, Maeng spoke freely, sitting cross-legged on the floor in Korean-style, while sometimes pausing to sip his drink while gathering his thoughts. The room was sparsely furnished, befitting a man of modest countenance. Park,

[1] Maeng Hwa-seop interview.

meanwhile was suitably respectful, often nodding and acknowledging his teacher's words with the polite Korean utterance, ne (네), literally meaning yes.

There are three points to make on the nature of the source. Firstly, we have very little source material on the healing encounter in the colonial period, meaning that this recorded interview is a rare resource as oral history. We have even less source material on the lives of physicians. The sources that we have are mostly educational resources, in which elite physicians primarily aimed to educate colleagues on matters of theory or issues of debate in clinical practice. In his study of the Japanese-ruled areas in China in the 1930s and 1940s, paralleling the decades that Maeng discusses in his personal account, Timothy Brook found Chinese sources of any type rare.[2] He reasoned that most sources were destroyed or conveniently lost in the wake of the Japanese defeat in China. The context was that any evidence of any sort of relationship with the Japanese occupiers would be difficult to explain. For historians of Korea, likewise, the sensitivity of the issue of surviving under Japanese colonial rule has meant a comparable scarcity of sources. Maeng's testimony, therefore, offers precious glimpses into some aspects of the life of a healer at the grassroots level, literally one who began his career working in rural rice fields while under Japanese rule.

Secondly, to reinforce the difficulty in locating sources on the history of medicine in Korea for this period I will explain how I came to have access to this source. In 2016, Maeng Hwa-seop's son, Maeng Woong-jae (孟雄在), also a famous physician of Korean medicine, agreed that I could use the interview in my work. Maeng Woong-jae was co-

[2] Timothy Brook, *Collaboration: Japanese Agents and Local Elites in Wartime China,* (Cambridge: Harvard University Press, 2005).

advisor for my doctoral studies on the history of medicine in Korea at Won Kwang University, Iksan (益山), in Northern Chŏlla Province, South Korea from 2010-2012. After 2012, while maintaining our relationship, I continued to ask whether he knew of any primary sources related to my research. I received no insights on sources until 2016. It was during a dinner in Seoul in 2016, that I asked once again on the possibility of any leads regarding sources. After some deliberation, Maeng Woong-jae and Park Yung-hwan revealed the existence of Maeng Hwa-seop's recorded testimony, which they had kept private for sixteen years. I was only allowed the privilege and also the responsibility of examining this rare evidence because of personal relationships and the related trust built over a period of time. This context gives the source even more meaning as it comes with personal relationships such as trust, intimacy, and obligations within a specific current of medical learning. Even though I did not meet Maeng Hwa-seop, I was entrusted with the source, which had never been made public, due to my status as a Maeng student, as his intellectual lineage's grandson. What was I entrusted with? In part, Maeng's interview framed his life as having been shaped by exceptionally difficult circumstances in the context of the Japanese colonial period.

Therefore, thirdly, it is significant that this is also a constructed narrative that significantly ends in 1945. Maeng did mention one or two events after 1945, specifically to explain how he decided to pass on his medical knowledge. However, even this decision was explained by events prior to 1945. Although this chapter focuses mainly on the pre-1945 period, I also draw on his medical texts post-1945 to help to examine some of his medical thinking. I also draw on Park Yung-hwan's perspective through oral and electronic communication. Beside Maeng's son, Maeng Woong-jae, he had many

student-apprentices who he taught free of charge. Park was his closest student and also my doctoral colleague in the Department of the History of Medicine at Won Kwang University from 2010-2012. From 2016-2019, I have asked him many questions related to the Maeng interview. It is important to note that Park was unaware of most of the events in Maeng's early life, though he knew that Maeng had compiled a family genealogy, and so believed in the significance of belonging to the illustrious Maeng clan. But from Park's perspective his master was to some extent misunderstood by the elite Eastern-medicine physicians for most of his life who mostly treated him as a maverick.

For the devoted student Park, however, Maeng's autodidactism was one of his most admirable qualities. Although Maeng enjoyed fame and prestige in his later years, the academic physicians in universities did not accept him as their equal. Maeng's fame, therefore, was not from belonging to a university faculty, but rather was community based, among his students and patients. Indeed, Park related to me that as a medical college student he would pass his exams and do his assignments, but he did what he regarded as his most valuable learning by going to Maeng's home daily for many years to participate in his private seminars.

Likely more difficult for Maeng were the accusations related to his loyalty as a Korean. Why did his testimony stop at 1945? Details are scanty, but Maeng was accused as a Japanese collaborator. Tim Brook's analysis of Japanese-occupied China helps us to understand Maeng as a young man who did his best to survive and to be helpful to his fellow Koreans. If, as Brook argues, Chinese people found it difficult to explain how they worked in any capacity with the Japanese occupiers, scholars have only begun to ask the questions that Brook asks for Korea. Brook argues that most people in China in the

Japanese-occupied areas did their best to survive in difficult circumstances, meaning it is mostly ahistorical to retrospectively apply moral judgment by calling people collaborators. In Park's telling, however, Maeng redeemed himself when he fought in the Republic of Korea armed forces in the Korean Civil War (1950-1953). But I would argue that the redemption was only ever partial, since Maeng nor the family have agreed to make public his early life until now.

Maeng's interview, therefore, reads as a story of how he nearly died, but managed to teach himself medicine, which he used to treat people for free, while he worked as a rural government official. In his interview, Maeng pointedly condemns the Japanese for causing Korean suffering during the colonial period. Thus, he dissociates himself from the Japanese authorities. However, his military service in the Korean War was not the end of the controversy.

As a fluent Japanese speaker, he was the first to promote Japanese *Kampo* medicine in Korea in the postwar period. In Park's telling, many Koreans were angered by Maeng's ideas and by his actions of bringing Japanese medical texts into Korea. In essence, Maeng understood medicine beyond narrow Korean nationalism and believed in also drawing on Chinese and Japanese medical texts and experience. If reading Japanese texts aroused his detractors' ire, then Maeng's decision to reach out to Western-medicine physicians as colleagues aroused further protest. In a Korea where a sharp and hostile binary between Korean and Western-medicine physicians still continues today, he accepted Western-medicine physicians as students and friends. Throughout his life, Maeng sought to reach out to all, rather than operate within narrow categories.

Maeng frames his life as marked by hardship during colonial rule. However, he arguably implies that his suffering served a purpose, in that he was able to work to change his destiny through service to others. He honored his family lineage by producing a genealogy, and then in the 1970s began to write prolifically to pass on his medical knowledge. Thus, in this essay, I ask how did such a maverick, a self-professed medicine peddler and autodidact, set out on his path to become one of the most well-known and influential physicians in South Korea at the end of the twentieth century?

Context

Maeng Hwa-seop 孟華燮 was born in 1915 in Pundang neighborhood (盆唐里), located in Tolma township (突馬面), part of Kwangju prefecture (廣州郡), which is approximately eighteen miles southeast of present-day Seoul.[3] Despite difficulties in his early life circumstances, when he passed away in 2002, he was one of the most famed and respected physicians of Korean Medicine in South Korea. His text on clinical

[3] Present-day Pundang-tong (盆唐洞) in Kyŏnggi province (京畿道) is part of the Greater Seoul area. Korea. It was still mainly rice fields until the 1990s, but in the 2000s became one of the wealthiest urban areas in South Korea. Pundang was originally written as 盆堂, with the *dang* meaning City Hall. After Korea became a Japanese protectorate, the name was changed to 盆唐. The new *dang* is the name of the Chinese Tang dynasty (618-907). It is believed the Japanese chose the name to reinvent the idea of the rejuvenation of Korea as a new Tang Dynasty redolent of a golden age of cosmopolitanism.
For history of Pundang during the Japanese colonial period, see "Pundang Region in the Japanese Colonial Period,"日帝植民地時代 (*Ilchae singminji sidae*), Part II, section 6, in *The General Research of Bundang New Town, Kyonggi Province, Korea*, 盆唐區 文化 遺跡 綜合 學術調査 報告書 (*Pundang-gu munhwa yujŏk chonghap haksol chosa pogosŏ*), (Sŏngdong: Hanyang University Museum, 1991), 78-85
We do not know why Maeng's parents chose his name, Hwa-seop. Hwa means either flowery and illustrious or Chinese. In the East Asian context, though, it usually meant Chinese, or having something to do with China. Seop means to harmonize or mediate. Even if his parents did not have the intention of harmonizing with China, Maeng Hwa-seop was certainly a central figure among Korean physicians, who harmonized and weaved together the medicines of Korea, China, and Japan. Maeng's father was Maeng Chŏng-sul (孟正述 1884-1953), and his mother was surnamed Yi (李 1877-1928), from the Tanyang (丹陽) Yi clan.

medicine, *Guide to Medical Prescriptions* (*Pangyak chich'im* 方藥指鍼 1976) is still used by a considerable number of physicians in South Korea today.[4] As a physician, he drew on past textual knowledge, yet he was also a self-made man, learning on the job and adjusting to new conditions of strife and opportunity. His life spanned the Japanese colonial period, the American occupation period, the Korean War, military rule, and finally democratization in the South and the beginning of the economic takeoff, called the Miracle on the Han.[5] His life also illustrates the way in which many Koreans fought through adversity in the twentieth century to not only survive but also flourish. Maeng's life tells a story of many transformations in Korea over the twentieth century, yet one in which there was also much continuity from the past. South Korea at the end of Maeng's life was a highly industrialized nation proud of its advanced technology, yet at the same time, physicians such as Maeng continued to practice medicine as they had in the 1920s and 1930s. Maeng's generation ensured that traditional healing continued with less

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[4] Maeng Hwa-seop, *Guide to Medical Prescriptions* (*Pangyak chich'im* 方藥指鍼), (Seoul: Haengnim Ch'ulp'ansa, 1976). A revised version of this text was reprinted in 1999, *Lectures on Guide to Medical Prescriptions* (*Pangyak chich'im gangjwa* 方藥指鍼講座) (Seoul: Haengrim Publishing, 1999).
Maeng also published numerous medical articles in the 1980s and 1990s. For example, "Experience Prescriptions in Treating Obesity," (*Pihujŭng e taehan ch'ihŏmbang* 비후증 (肥厚症) 에대 (對) 한 치험방 (治驗方), *The Journal of Korean Oriental Internal Medicine* 3. 1 (1986): 1-4.
Another example is Maeng Hwa-seop, "Use of Tonify the Middle and Benefit Qi Decoction," (*Pojungikkit'ang ui ŭngyong* 보중익기탕 (補中益氣湯) 의 응용 (應用), *The Journal of Korean Oriental Internal Medicine* 3. 1 (1992): 3-5.
He was also featured in professional medical journals for his years of training apprentices. For example, Pan Ch'e-hong 반채홍, "18 년 째 徒弟臨床강의: 少年入門한 臨床大家" 床 (18 years of lectures on clinical medicine to apprentices: young people enter the clinical medicine family, *sippal nyŏn toje imsang kang ŭi: sonyŏn immun han imsang taiga*) 韓醫師協會(Society of Korean Medicine Doctors *Hanŭisa hyŏbhoe*) June 10, 1987.

[5] When Japanese colonial rule was defeated in 1945, there was a United States Military Government in the South from 1945-1948. The Korean War between the United Nations-backed South and the Soviet and Communist China-backed North took place between 1950-1953. The division of North and South Korea continues today. South Korea had on and off periods of military rule until it democratized in 1988. The economic takeoff began in the 1980s.
The Han refers to the Han River, the major waterway that flows through central Seoul.

interruption in Korea than in both China and Japan, where physicians radically changed their medical traditions in competition with Western medicine. Furthermore, perhaps partly due to the groundwork performed in the *Hanbang* revival of the 1930s (see chapter four), by the end of the twentieth century, Korean Eastern-Medicine physicians had become professionalized, and held positions of the highest status and respect in South Korea, comparable to their Western-medicine counterparts.[6]

Maeng Hwa-seop's life story also helps to address some of the issues discussed in the 1930s by the famous Korean physicians who described an Eastern-medicine Renaissance through the medium of newspapers and journals. For example, Cho Hŏn-yŏng's characterization of the *Hanbang* medicine Renaissance as one in which people practiced healing therapies in the home, strikes parallels with Maeng's independent path to learning medicine.[7] Cho's medical manual for the home, *Treatise on Popular Hanbang Medicine*, had as its central argument that anyone can practice medicine at a basic level at least. This ideal is arguably borne out by the fact that Maeng did not attend any type of medical college.[8] Nor did Maeng have a formal teacher of medicine. Yet through self-study, he became an accomplished and famed physician. As Cho argued, and as Maeng's life demonstrates, practical medicine could become accessible to ordinary people in that period, and so need not be restricted to a small group of elite physicians.

Physicians such as Sŏng Ju-bong also argued that Confucianism (*yu* 儒) influenced much medical practice in Korea in the 1930s.[9] Concordant with the

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[6] See Kim, Taewoo, "Tradition on the Move: Emerging Acupuncture Practices in Contemporary South Korea," *Asian Medicine* 11 (2016): 133-159. On status, see esp. 138-139.
[7] Cho Hŏn-yŏng is discussed in chapter three.
[8] Cho Hŏn-yŏng, 通俗漢醫學原論 (*T'ongsok hanŭihak wonron Treatise on Popular Hanbang Medicine*), (Kyŏngsŏng (Seoul): Eastern Medicine Society, 1934).
[9] Discussed in chapter three of this dissertation.

exhortations of the authors of the *Eastern Medicine*, who argued for the centrality of compassion in medicine, Maeng tells us how his self-identification as a Confucian healer based on his family legacy also spurred his motivation to treat patients. Even if Maeng may have not been aware of the debates taking place on the issue of Eastern medicine in the 1930s, nevertheless, his testimony helps to explain the actual workings on the ground of the Hanbang revival that the elite physicians were describing. Drawing on deep historical cultural resources, which originated in China such as Confucianism (*yu* 儒), Maeng also drew on Chinese and Japanese medical textual knowledge, together with local learned experience. Thus, the ease with which he apparently absorbed Korean, Chinese, and Japanese knowledge corroborates with the arguments of the learned Eastern-medicine physicians that the terms *Hanbang* and Eastern medicine expressed the idea of medicine embracing an East Asian commonality across Korea, China, Japan, and Manchukuo.[10]

Three main themes run through Maeng's testimony. The first is his tortuous route to becoming a prominent physician from starting as a poor herb peddler. The second is that the severe illnesses he suffered as a young man provided a platform to understand medicine from the patient's perspective. Maeng's story encompasses the dual perspectives of a physician and a patient and thereby contributes to the nascent history of the patient in Korea.[11] Thirdly, the overarching theme of the interview is in its title's question "So Why Should I Live?" Maeng answers the question through a reading of his

[10] In communication with Maeng's student, Park Yung-hwan, he emphasized that Maeng was the first physician in Korea to promote and teach Japanese *Kampo* medical texts.
[11] For a historical example in the genre of narrator as patient describing and reflecting on near death, see John Donne, *Devotions upon Emergent Occasions* (Ann Arbor: University of Michigan Press, 1975) reprint. Originally published 1624.

astrological chart. In short, he made the concept of fate central to his story. That fate deemed that he live a life of treating patients and teaching medicine to students. As important as Maeng's sense of fate in his life role as a healer was also the fate of being considered an honored descendant of the Chinese scholar of antiquity, Mencius (孟子 372-289 BCE), by virtue of sharing the same surname.[12]

During the Chosŏn Dynasty the family lineage served as the most important institution in most people's lives. As Michael Seth put it, family and lineage truly mattered in Korea, as evidenced by the voluminous number of printed genealogies produced, unmatched in number elsewhere.[13] Maeng also placed great value on his own genealogy history, which he wrote out by hand and bound in a book.[14] Martina Deuchler has analyzed the role of the lineage in Korea by showing how it was the central institution that carried the Confucian values as they were understood.[15] She identifies

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[12] Koreans, even today, attach importance to clan origin, commonly asking each other which clan they belong to. People trace lineage by surname, but more important is the branch, specified by a town or district name. One example is the Andong Kim clan. During the Chosŏn Dynasty, many believed it prestigious to claim to belong to a clan of Chinese origin. However, only a small minority of Koreans could trace their lineage to China through textual evidence. The Sinch'ang Maengs comprised one clan that produced evidence of their progenitor from China who entered Korea in 888, Maeng Seung-hun □ □ □ . The Chosŏn Dynasty court mandated that education be based on the teachings of Chinese Song Dynasty scholar Zhu Xi. Thus, Koreans revered Confucius and Mencius. Even today, to a far greater degree than in modern China, many Koreans claim to be influenced by Confucian and Mencian teachings. Thus, to be named Maeng carries historical relevance, even today. For Koreans framing themselves as the true inheritors of Confucius and Mencius, see Benjamin Elman, "Medical Philology in the 'Second Rome," Edwin O. Reischauer Lecture. Harvard University, https://www.youtube.com/watch?v=7aJarp7liU0. Accessed April 8, 2014. On the Maeng clan, see Academy of Korean Studies website accessed through Naver server. https://terms.naver.com/entry.nhn?docId=2601161&cid=51884&categoryId=53401&mobile. Accessed May 23, 2019.

[13] Michael Seth, *A Concise History of Korea: From the Neolithic Period through the Nineteenth Century* (Lanham: Rowman and Littlefield Publishers, 2006), 155.

[14] The lineage book is not published, but is held by his student, Park Yung-hwan.

[15] Martina Deuchler, *Under the Ancestor's Eyes: Kinship, Status, and Locality in Premodern Korea*, (Cambridge: Harvard University Asia Center, 2015). Scholars who study East Asia have used the term lineage since Maurice Freedman, *Lineage organization in southeastern China*, (London: Athlone Press, 1958). Roger Janelli and Dawnhee Yim Janelli have argued that although there were differences between the social function of lineages in Korea and China, there are enough similarities for useful comparison. A notable difference is that the ancestral halls were the central locus of lineages in China. On the other hand,

ritual as the key identifier of Confucianism.[16] For Deuchler, more than anything, family pride and the wielding of the authority that family membership gave defined social relations in Korea. She argues that scholars have poorly understood descent group dynamics and maintains that membership of a descent group, often more than position or wealth, ascribed status in Korea. The descent groups, however, were not fixed, but were constantly evolving in response to the exigencies of external change. For Deuchler, above all, descent group membership manifested in the wielding of power at the local level. Thus, in Korea, high-status families wielded more local power in Korea than did the state. Similarly, Sungjong Paik shows that, much more than in China, social status in Korea was basically defined by the means of demonstrated membership in a lineage. Furthermore, whereas lineages in China mostly played the role of consolidation of financial resources, in Korea lineages were mostly concerned with social cohesion and scholarly ritual.[17]

Although there were differences with China regarding the lineages, there is also considerable convergence in terms of social function. For example, Kai-wing Chow argues for China that the clan lineages were the central locus of Confucian ritual practice.[18] More significantly, the lineage as an institution played the role of social

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in Korea, the most obvious lineage institution was the ubiquitous Confucian educational academies dedicated mainly to scholarship, for the purpose of social and intellectual local leadership.
Janelli and Janelli, "Lineage Organisation and Socal Differentiation in Korea," *Man* 13.2 (June 1978): 272-289.

[16] Martina Deuchler, "The Practice of Confucianism: Ritual and Order in Chosŏn Dynasty Korea," chapter 9 in Benjamin Elman, John Duncan, Herman Ooms, eds., *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam*, (Los Angeles: University of California Los Angeles, 2002), pp. 292-336.

[17] Paik, Sungjong, "The Formation of the United Lineage in Korea," in *History of the Family* 5.1 (2000): 75-90.

[18] Kai-wing Chow, *The Rise of Confucian Ritualism in Late Imperial China* (Palo Alto: Stanford University Press, 1994).

leadership in local society. For Michael Szonyi, in his study of lineages in Fujian, China, kinship practices are fluid, variant from place to place and subject to change over time.[19] Szonyi argues that kinship is, in essence, forms of local social practice wherein people exercise survival strategies in specific environments. In developing the scholarship on lineages in Guangdong, China, David Faure argues that lineages as a rural not urban phenomenon practiced integration of local society into the state.[20] Stressing civic welfare, lineage members had to adjust in the twentieth century with the rise of the state and the business companies. The descriptions of lineage in China by Chow, Szonyi, and Faure help to explain how Maeng understood his social role as a Maeng lineage member and as an engaged local leader. Rather than only focusing on top-down state-led initiatives, the above scholarship on China has shown the importance of social activism at the local level. Scholars working on Korea, such as Deuchler, have begun to work on the role of lineages at the local level in Korea. The Maeng interview is one case that offers a glimpse into how a lineage has been imagined to operate at the local level in rural Korea.

With regard to medicine Volker Scheid has studied the role of lineages in physician self-fashioning.[21] He shows how the identity of a Confucian scholar physician was tied to his relationships in the local community and beyond. For Scheid, in his analysis of medicine in the Wujin (武進) region in Jiangsu (江蘇) in late imperial China, the lineage overlapped with the organization of medicine into lines of transmission based

[19] Michael Szonyi, *Practicing Kinship: Lineage and Descent in Late Imperial China* (Palo Alto: Stanford University Press, 2002).
[20] David Faure, *Emperor and Ancestor: State and Lineage in South China*, (Palo Alto: Stanford University Press, 2007).
[21] Volker Scheid, *Currents of Tradition in Chinese Medicine 1626-2006*, (Seattle: Eastland Press, 2007). See Part I, "Late Imperial China: Family, Lineage, and Social Networks," 17-172.

on real and fictitious kinship.[22] Furthermore, Scheid argues that, in terms of social relations, lineage discourse provided the model through which elite physicians understood their medical currents of learning. In Korea in the 1930s, however, Maeng's identification as a member of his lineage shows that, following his father and grandfather who both informally learned medicine, his family name carried both benefits, in terms of people assisting him, and responsibility, in terms of living up to the expected behavior of a descendant of Mencius.

The lineages in Korea were important targets of criticism by the Japanese colonial state. As many scholars have shown, the Government-General from the beginning of its rule in Korea aimed to replace the authority of the lineages with government bureaus, state schools, hospitals, commercial enterprises, and so on. Maeng's story, however, suggests that the Government-General was only partially successful in replacing the social functions of traditional lineages. Maeng worked for the state as a government official, for example, but within his own self-narrative this gave him the opportunity with which to also wield local influence and authority as a Maeng lineage member and Confucian gentleman. Maeng's story offers an example of intertwining of the new colonial state's authority and traditional local lineage authority.

In Maeng's case, his identification in his clan lineage shaped much of the way he presents himself. For Maeng, medicine was a calling in which he went through hard trials in order to survive, but which equipped him to live the role of a government official in terms of formal status and a scholarly physician as a social duty. On his first visit to a patient he states that he carried his books, thereby placing him as a physician who valued

[22] Wujin is in present-day Jiangsu Province.

written scholarly medical texts. He does not say it directly, but what remains implied is that he is practicing the compassion (*in* 仁) that his original ancestor Mencius articulated as requisite behavior for a Confucian. Maeng thus presents himself as having carried a heavy responsibility through a life of giving and looking after others, as an official, physician, family man, and teacher. As an official he states that he cared for people's food needs, as a physician he saved people's lives, and as a teacher, he trained his lineage successors, including his son and students, such as Park Yung-hwan. In Maeng's telling, he did not accept any payment whatsoever during the eight years in which he treated patients while serving as a government official.[23] In effect, he presents himself as practicing the ideal of the benevolent physician in contrast to the commercially minded professional physicians who were working in medicine for financial reward and to secure their livelihoods.[24]

Drawing on Chow, Szonyi, and Faure, I argue that Maeng's experiences as government official can be read as his practice of local leadership. In his account, he was both official and benefactor to the local people, in the area where he grew up, and where the Maeng clan had lived for several centuries. Medicine was the medium through which he used his state-appointed position to practice his own form of social welfare for local rural people. As the Eastern-medicine authors argued, the *Hanbang* Renaissance was one

[23] In July 2018, Maeng's student, Park Yung-hwan found an audio recording of his teacher in 1999 that he had forgotten about. In this recording, Maeng emphasized that he did not receive a single payment for his medical services in his eight years of seeing patients while working as a government official.

[24] In Scheid's analysis, the physician dispensing medicine to the poor without thought of recompense was simply buying goodwill from a number of different audiences. Scheid's context is that the elites in lineages, including elite physicians, were engaged in the practice of wealth acquisition. Scheid, 2007, p. 56. There is no evidence that Maeng placed wealth acquisition as a high priority. His students, such as Park Yung-hwan state that he taught students free of charge for most of his life. I can also state from my own experience that Maeng's son, Maeng Woong-jae, also taught students free of charge on most nights of the week. This action also functions socially to reaffirm status as elite Confucian physicians who don't need the money for livelihood.

in which old social divisions should be cast aside. We do not know whether Maeng was consciously acting in the spirit of the Eastern-medicine revival, but his account presents himself as putting into practice new social norms of greater inclusivity. His writing of medicinal prescriptions for poor people, and not just for his fellow officials of his own status, arguably exemplified the kind of civic welfare Faure discussed that occurred in south China during the Qing Dynasty (1644-1911).

Although Maeng's recorded story begins with him as an adolescent school student in the 1920s and ends in the present (2000), most of his testimony focuses on the colonial period up to 1945. His intention in this recording is to leave something for his devoted close students before he passed away. The recording in fact is considered as a treasured gift for both his most devoted student, Park Yung-hwan (朴映奐), and his one son who followed him into medicine, Maeng Woong-jae (孟雄在). He traces his journey from his life as a student to a poor farmer and then from an assistant in an apothecary to an herbs peddler. His journey working in medicine took him to Kyŏngsŏng (京城), P'yŏngyang (平壤), and then to Kyŏnggi-do (京畿道).[25] His planned move to Japan in the 1930s did not occur by dint of fate, according to his own assessment. Due to his father's illness he stayed in Korea where he eventually became a government official supervising agricultural projects. It was while he worked as an official that his medical practice flourished. The medical knowledge that he had acquired earlier as a lowly apprentice in apothecaries in Kyŏngsŏng and P'yŏngyang enabled him to work as a physician to his rural constituents while also being an official. It was this rich practical experience rather

[25] Maeng uses the modern term Seoul for the Korean capital city. I choose to use the historical term Kyŏngsŏng.

than adherence to a particular theoretical textual tradition that laid the platform for his later post-Korean War success as a leading Seoul physician.

In the world that Maeng remembers from the 1920s to 1940s in Korea, there is no sense that the herbal medicine community he works within is under threat from external or top-down forces or Western medicine. In that sense, we have evidence that at the grassroots level at least unregistered herbal physicians continued to treat some basic healthcare needs. The existing historiography on Korean medicine during this period, in contrast, highlights the intrusion of the colonial state, and its agents in the form of Western medicine physicians.[26] Similarly, the historiography for Chinese medicine during the same period emphasizes changes wrought upon the practice of Chinese medicine, with resurgent Western-medicine physicians insisting on framing healing as a science.[27] The Korean story also differs from that in the Chinese countryside at the same time where the local scholar Liu Dapeng (劉大鵬 1857-1942) struggled to keep people's attention focused on older cultural resources such as Confucian education, local rituals, and Chinese medicine.[28] Maeng's testimony provides further evidence that reveals a different story in Korea. The implications of testimonies like his for twentieth-century Korean history, often portrayed correctly as traumatic, is that daily healing practices at the local level also continued relatively untouched by either Japanese colonialism or Western medicine.

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[26] Soyoung Suh, "Chosŏn Koreans: the Colonial Identification of the Local," chapter 3, in *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century* (Cambridge: Harvard University Press, 2017).

[27] See Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity*, (Chicago: University of Chicago Press, 2014).
Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis*, (Durham: Duke University Press, 2002).

[28] Henrietta Harrison, *The Man Awakened from Dreams: One Man's Life in a North China Village, 1857-1942* (Palo Alto: Stanford University Press, 2005).

Beginnings

The rest of this chapter follows the narrative structure of the interview by discussing first Maeng's struggle with poverty in childhood in the 1920s, followed by his early adulthood when he worked in an apothecary and as a herb peddler. The next section discusses Maeng's employment as an agricultural official in Kyŏnggi-do in the 1930s and 1940s, when he also began to practice as a physician on a regular basis. In Maeng's telling, he was not only herb peddler and physician, but also a patient. Thus, the final section of the chapter discusses his experiences as a patient struggling with poor health. Since Maeng's testimony focuses on his experiences in the colonial period the chapter ends in 1945.[29] The following timeline provides a chronological overview of the narrative arch of his account.

Timeline

1915-Born in Tolma township, Kwangju prefecture, Kyŏnggi Province.

1919-A sister died of infectious disease. His mother was also unwell. To recover, she stayed with a neighbor.

1922-Went to school in Naksaeng District.

1928-Mother died.

1929-Left the Naksaeng school.

1930-Worked as a farmer in Kodŭnggŭl township.

1931-Began work at the House of Gold and Jade in Kyŏngsŏng.

1934-Job at the House of Gold and Jade terminated.

[29] Maeng's case is comparable to Sŏk-kok in that they both left material for family and students.

1935-He became a herb peddler in Kyŏngsŏng.

1935-36 – Married.

1936-First son born. Maeng contracted tuberculosis. Stopped work in order to recover.

1938-He went to P'yŏngyang to work at the Standard Bridge Apothecary.

1939-He returned to Kwangju with his wife to become a government official.

1945- End of period that interview covered.

On the land as a farmer

Maeng began schooling at age 7, in Naksaeng (□ 生) district, in Kwangju city (廣州), Kyŏnggi-do Province. Now a highly urbanized area full of high-rise apartments, Kwangju in the 1920s was a rural, agricultural area. Maeng recalls that the school teaching staff consisted of four teachers, a Japanese headmaster and three Koreans. He did his classroom instruction in the Japanese language.[30] His formal education was suddenly cut short when his mother fell ill and passed away in 1928 when he was 13. As

[30] In 1911, the Government-General had issued its Korean School Ordinance (*Chosen kyoikurei*), which laid out the parameters of the education system for the native population. The curriculum was to include two languages, with a larger focus on Japanese and a shorter focus on Korean.
Kyung Moon Hwang, *Rationalizing Korea, The Rise of the Modern State, 1894-1945* (Berkeley: University of California Press, 2015), 173.
The Korean School Ordinance categorized students into those who were able to use Japanese language habitually and those who did not use Japanese. Those who could handle Japanese language with facility were able to go to the better-equipped Japanese language schools with nicer conditions than the Korean language schools. That Maeng was accepted into a Japanese school suggests that he was intelligent and able to pick up language easily, since his family members were clearly habitual Korean speakers. On Japanese language in colonial Korea, see Christina Yi, *Colonizing Language: Cultural Production and Language Politics in Modern Japan and Korea* (New York: Columbia University Press, 2018).
In his interview, Maeng did say that it was not permitted to speak Korean at his school. For modern-day Koreans, language remains a sensitive issue and a point of grievance. It is generally considered by most Koreans today that to establish Japanese-language only was harsh repression and an attempt to extinguish of Korean identity.

a consequence, it was decided that he should return to the village to help his father in farming.

> It was deep in the mountains, but my father had no choice but to go there after my mother passed away. I had only a sister as a sibling, and my father took us to the town where my head family lived. We reached it after going over a big hill. We went there in the spring. We started by slashing and burning the fields. Then we tilled the paddies and fields, and raised crops for a year.

As seen in Maeng's account, he had returned to the ancestral village in the mountains in Kodŭnggŭl (고등굴) township in Kyŏnggi-do province to join his father and sister. The townspeople, not the Maengs, kept the Maeng family graves, implying the continuing respect for the clan even when it had fallen on hard times. Maeng does not discuss the family history but his account indicates that during the 1930s, the Maengs were descendants of well-to-do elites of the Chosŏn Dynasty who by the early twentieth century had fallen on hard times. One of the town's grave keepers, by the name of Yang (양), had earned enough from that occupation to invest in several rice paddies.

Reciprocating his past employment by the Maengs, Yang in turn employed Maeng and his father in the fields. Maeng recounts that he was not familiar with farm work and although he found it hard, the compensation was a generous wage. One day, however, he contracted malaria and passed out while working in the fields. He only regained consciousness after many days. The prognosis that he might die spurred the decision for

the family to abandon grueling farm work and try their luck finding alternative work in the city.

Such a twist of fate in being struck down by illness, as he saw it, opened a path for Maeng to embark on his lifelong career in medicine. At the same time, it also clearly marked the beginning of his decades long struggle to maintain his own health. Maeng was no longer capable of performing hard physical labor. His state of being relatively well off in financial terms was superseded by the necessity to start again, use his wits, and thus translate the education he had received in years of schooling, into a more cerebral life enterprise. The transition from rice farmer to a life of handling herbal plants as medicinal substances emerges as a significant theme in his narrative. Maeng's knowledge of herbs and plants coincided and merged into one when he later became an agricultural official while simultaneously practicing as an herbal physician. In fact, until the second half the twentieth century physicians in East Asia were understood to be also experts in plant knowledge.[31] Maeng thus presents himself as a young man at home in the countryside but who, because of physical frailty, went to find his vocation in the cities of Kyŏngsŏng and P'yŏngyang. Although Maeng, in contrast with Sŏk-kok, would

[31] Volker Scheid describes how his first job as a gardener, following his father's trade, and his love of plants led directly to his interest and fascination with herbal medicine. Sarah Price, "An interview with Volker Scheid," *The Lantern*, VII.3, Article # 6, (2010).
Also, botanical knowledge has been synonymous with medicinal knowledge universally. We may examine scholars in the West as early as Pliny as evidence of the close connection. Pliny, *Natural History*, vol. VI, Books 20-23, translated by W. H. S. Jones, (Cambridge, Harvard University Press, 1951).
Pliny, *Natural History*, vol. VII, Books 24-27, Index of plants as used in medicine, translated by W. H. S. Jones (Cambridge: Harvard University Press, 1956). Both volumes were originally published in 107 CE.
In Korea, the most well-known text on plants used for herbal medicines is 鄕藥集成方 (*Hyangyak Jipseongbang*, *The Compendium of Prescriptions of Local Herbs*) Taejŏn: Korean Institute of Oriental Medicine, 2000 reprint. First published in 1433.

eventually move on to settle in Seoul in the 1950s, both Maeng and Sŏk-kok represent what was possible for healers in rural Korea during the colonial period.[32]

Descendant of the sage

Maeng's self-presentation was as a bearer of social authority embedded in his membership of a small but significant lineage in Korea. For Maeng, his membership of the clan bearing the name of the sage Mencius denoted a sense of responsibility beyond the ordinary.[33] In short, Maeng Hwa-seop framed his life within the interview narrative around his locally situated Kyŏnggi identity as a Maeng, together with his more broadly cultural descent from the Chinese Mencius.[34]

Mencius's eponymous text *Mengzi* (ca. 4th c. BCE) is one of the Four Books traditionally taken to express the essence of Confucianism.[35] Central to his writings is the idea of compassion or benevolence (*in* 仁). For Mencius, the ideal was to be a virtuous gentleman (*kunja* 君子). In Korea, the Four Books were adopted as official ideology starting in the Chosŏn Dynasty period (1392-1910). Thus, in a Korea where clan lineage was the main institution through which people claimed status, more than in China or

[32] See chapter five of this dissertation for Sŏk-kok.
[33] For the Korean educated elites, Confucius and Mencius were the two most venerated scholars at least since the fourteenth century, and most likely much earlier. The names Confucius and Mencius were invoked as model sage teachers. Their texts were read and memorized by all with an education.
[34] In our discussions, Park Yung-hwan emphasized this point of Maeng Hwa-seop's pride in being a Maeng lineage bearer. The Sinch'ang Maengs originate in Sinch'ang in Kyŏnggi Province.
[35] See the translation by Bryan van Norden, *Mengzi*, (Indianopolis: Hackett Publishing Company, 2008). For background to Mencius see van Norden's Introduction, pp. xiii-xliv.
The Four Books (*Sishu* 四書) were selected by the Chinese scholar Zhu Xi (朱熹 1130-1200 CE) whose teachings were adopted as official state doctrine by the Korean Chosŏn Dynasty in the 14th century. They were *Great Learning* (*Daxue* 大學) attributed to Confucius (孔子 551-479 BCE); Doctrine of the Mean (*Zhongyong* 中庸) attributed to Confucius's grandson Zisi (子思 481-402 BCE); *Analects* (*Lunyu* 論語), a collection of speeches by Confucius and his disciples; and the eponymous *Mencius*.

Japan, and where many people revered Confucius and Mencius well into the twentieth century, to be of the Maeng clan was to be born into exceptional and illustrious status.[36]

Identifying himself as a Confucian physician, he explains that he led a life of service, while always being conscious of being a descendant of the sage, Mencius. In other words, he married his identity as a Maeng with his actual practice as a Confucian gentleman helping many people with his medical skills.[37] In his testimony, he mentions the Maeng family by name at least eight times. The Maengs are few in Korea, a place where many people are named Kim 21.5% (金), Pak 8.5% (朴), Yi 15% (李), or Ch'oe 4.7% (崔).[38] To be surnamed Maeng spoke of being a member of an elite clan of scholars. For example, when relating his family's misfortune when his mother died of illness when Hwa-seop was just thirteen, he describes the villagers in his ancestral village helping out in the family's time of need. As he put it in 2000, "Nevertheless, we were Maengs," implying that they would not be abandoned by the other villagers. After all, as he relates, the villagers maintained the Maeng family graves, the most prominent of which was Maeng Sa-sŏng (孟思誠 1360-1438), a glorified prime minister of the Chosŏn period.[39] Thus, he considered himself a direct descendant of not only Mencius, but also of an illustrious line of Korean high-ranking scholar officials from the Koryŏ (高麗 918-

[36] For the importance of clan lineage in Korea, Martina Deuchler, *Under the Ancestor's Eyes: Kinship, Status, and Locality in Premodern Korea* (Cambridge: Harvard University Asia Center, 2015).
[37] Maeng, 1976, p. i.
[38] See "Statistics Korea" website, http://kostat.go.kr/portal/eng/surveyOutline/8/5/index.static
According to 2015 figures there were 22,028 Maengs in South Korea. That compares with 10,689,968 Kims. See "Korean Statistical Information Service" website http://kosis.kr/index/index.do
[39] For Maeng Sa-sŏng, see John Duncan, *The Origins of the Choson Dynasty* (Seattle: University of Washington Press, 2014) reprint, p. 140. Maeng Sa-sŏng is known by every school student in South Korea, both for his wide scholarship, and skills in music and poetry, and also for his service as an official including a period as prime minister to King Sejong (世宗 1397-1450), the most well-known king in Korean history.
In private communication, Park Yung-hwan said that Maeng was indeed very proud of his Maeng heritage.

1392) period onwards. The Maengs were proud of maintaining and bringing honor to the clan name, thus living up to the expectations of their ninth-century ancestor, Maeng Sŭng-hun (孟承訓 dates unknown ca. 9th century). He is renowned in history generally as being the first of the Maeng clan to enter Korea from Tang (唐 618-907) China in 888 and, by tradition, with the stated purpose to personally bring Confucian teachings to the Silla Kingdom (新羅 57 BCE-935 CE).[40]

Maeng Hwa-seop wrote in his 1976 published medical text of his immediate ancestors' professed devotion to both Confucianism and medicine.[41] Even though he lived in poverty and began his working life as a farmer, both his grandfather and father were scholars who included medicine in their areas of study.[42] Adopting the principle that to properly be a Confucian scholar who cared for his family, both the Maeng elders kept medical knowledge within the family. Maeng's grandfather, compiled a medical book that incorporated medical prescriptions from such texts as the *Treasured Mirror of Eastern Medicine* (*Tongŭi Pogam* 東醫寶鑑 1613).[43] Maeng's father also studied medicine, though he did not become a physician, and sold herbal medicines as part of the family business. Therefore, for Maeng to eventually follow the family tradition of

[40] For Maeng Sŭng-hun, see Jin, Guanglin, "A Comparison of the Korean and Japanese Approaches to Foreign Family Names," in *Journal of Cultural Interaction in East Asia*, vol. 5, 2014, pp. 15-43. For Maeng, see p. 18. Maeng Sŭng-hun was a 39th generation direct descendant of Mencius and Five Classics Erudite (五經博士) in the Hanlin Academy (翰林院). See, Academy of Korean Studies website, accessed June 27, 2018.
http://rinks.aks.ac.kr/search01.aspx?searchExtend=0&searchDir=0&sType=&query=신창맹씨
According to the Clan Association's research, there were 18,147 Sinch'ang Maengs in 2000, Maeng Ŭi 孟儀 founded the Sinch'ang Maeng clan when he was made Count of Sinch'ang during the Koryŏ Dynasty.
[41] *Compilation of Formulas and Medicines* (*Pangyakjich'im* 方藥合編) 1976.
[42] The information about Maeng's father and grandfather comes from Park Young-hwan and Maeng's son, Maeng Woong-jae. They say they did not know any details, as the family history is vague.
[43] Authored by Hŏ Chun (許浚 1537-1615).

incorporating officialdom with medicine made perfect sense. As he saw it, he was inheriting the tradition of the Confucian physician (*Yu-ŭi* 儒醫) infused with a sense of noblesse oblige to aid his fellow human beings in times of suffering.[44] Maeng's clan membership, therefore, manifested for him on two levels. The first was following the path in terms of living as a gentleman, as he understood it of both the Chinese sage Mencius and his Korean ancestor Maeng Sa-song. Secondly, he was following in the general tradition of a gentleman who studies medicine for the sake of aiding others. Maeng's statement that he was consciously living his life as a Confucian physician during and after the colonial period portrays a different story to that of many of his contemporaries in China.

Despite his honorable clan heritage, Maeng relates that at the age of nineteen, he thought he should marry, but the problem was that he was still so poor. As he says, "However, I am a Maeng family member, and I am not a vulgar person," implying that the Mencian propriety he stood for and lived by, meant that his status counted enough to secure a family's agreement for him to become a son-in-law.

On another occasion, when Maeng was taking herbal medicine as a patient, a person persuaded him to take his prescription by reasoning that, "people from the Maeng clan must not self-prescribe medicine." Implying that the Maengs were exceptional, the stranger persuaded the then apothecary's assistant Maeng to accept the service of others. On yet another occasion when Maeng was in his twenties, he came across a man who also reminded him "A person from the Maeng clan should not take medicine like that."

[44] Maeng uses the term *Yu* 儒. Robert Hymes discusses the origins of physicians in China identifying as Confucian physicians in "Not Quite Gentlemen? Doctors in Sung and Yuan," *Chinese Science*, 8, 1987, 9-76. Volker Scheid also discusses doctors in China who identified as Confucians in *Currents of Tradition in Chinese Medicine, 1626-2006* (Seattle: Eastland Press, 2007).

The implication here is that a Maeng as a member of an elite clan, especially in a society in which clan relationships theoretically meant that there should be a network of mutual care, should be taken care of by physicians rather than having to resort to self-care.[45]

The House of Gold and Jade

After life in rural Kyŏnggi-do, the Maengs moved to urban Kyŏngsŏng where they could only afford to rent a small room and worried about how they would earn enough money to even eat some simple gruel or boiled rice. Drawing on the Maeng family connections, Hwa-seop's uncle (his father's elder brother), a scholar living in Kyŏngsŏng, intervened on his behalf. He repeatedly petitioned his friend to employ his nephew in the apothecary House of Gold and Jade (Kŭmhodong 金玉堂).[46] Much relieved at securing employment, the young Maeng began his job as an assistant in the apothecary located in Dangju tong (唐珠洞), in the Jongno district (鍾路區), in northern Kyŏngsŏng.[47] During the colonial period, Jongno was the main shopping district Koreans used in Kyŏngsŏng, while the southern Kyŏngsŏng streets of Kogane-Cho (黃金頂) and Honmachi (本頂) were the main Japanese shopping districts.[48] Maeng at first thought he had found a relatively easy job less physically demanding than farm work, but he was soon disabused of that assumption.

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[45] By reputation, Maengs were assumed to be *yangban* or scholarly elites. Physicians, on the other hand, were classified as of middling status (*chungin* □ □).

[46] His employer was Cho Myŏng-ho 조명호 who opened the apothecary in the name of his father, Cho Jae-hee (조재희). Cho Myŏng-ho was licensed as a pharmacist (*yakchongsang* 약종상, 藥種商. The Chos hailed from Kyŏngsangnam-do (South Kyŏngsang Province 慶尚道) .

[47] It is located not far from the present-day Gwanghwamun Square, and the US Embassy in central Seoul.

[48] Kogane-cho is present-day Ŭljiro (乙支路). Honmachi is present-day Ch'ungmoro (忠武路).

Maeng's main task was to cut and roast medicinal herbs. However, it was a steep learning curve. Without training or instruction, he was expected to both understand the herbs he was handling as well as the Chinese characters with which they were labeled.

> However, the work at the pharmacy was endless. I worked during the day and even into the night. I could never complete my tasks. Moreover, if I asked the teacher (Cho Myŏng-ho 조명호) something, he would ask, "Did you fill the medicine containers?" "Did you roast all of the herbs?" or "What work have you completed so far?"[49] If I hadn't completed his required tasks, he would say "Do you think I hired you to study?" or he would scold me. Therefore, I gave up on asking the teacher.

Maeng relates that he felt each day that he was so tired he would really die. However, he says that he worked hard to improve his skills by teaching himself to read Chinese. Drawing on his ability to connect with people, he asked friends of the apothecary owner for help. Fortunately, they taught him how to use a Korean-Chinese dictionary. He was able to memorize the Chinese characters by writing the easily recognizable Korean words alongside the unknown Chinese words on the medicine containers. For example, he relates that he learnt the names of the herbs peony and angelica root by memorizing the appearance of the unfamiliar characters on the herb containers.[50] Maeng's rise to later fame as an eminent physician in South Korea thus took a different path than the many physicians, including the unorthodox scholar-physician Sŏk-kok, who were trained in

[49] For discussion on roasting herbs, see Philippe Sionneau, *Pao Zhi: An Introduction to the Use of Processed Chinese Medicinals* (Boulder: Blue Poppy Press, 1995).

[50] Peony (Chinese-芍藥; Korean-작약), pronounced *chagyak*, nourishes the blood, smooths the liver. Angelica root (Chinese-當歸; Korean-당귀), pronounced *tanggwi*, nourishes and invigorates the blood.

classical Chinese. Neither trained in classical Chinese nor college-educated in medicine, he exemplifies an autodidact who defies the assumption that years of college education were necessary to become a competent, qualified physician. It was while Maeng was laboring with herbal substances that he says that he began to treat patients. Responding to patients' needs, he was successful in recommending herbal medicines that proved efficacious.

> Some people went to the pharmacy when the teacher was absent. They needed medicine and my teacher was absent! I thought what should I do? I asked them how and where they felt sick. They explained who was sick and how he or she was sick. Then I told them how the teacher compounded the medicine for their symptoms, and they asked me to compound the medicine as the teacher did. So, I did it, and they recovered. So I began to compound medicine when the teacher was absent… They recovered after taking the medicine. When the teacher came back in the evening, I told him who came and how I compounded the medicine. Then the teacher began to praise me sometimes, and sometimes said, "When he comes again, you should adjust the medicine like this" or "He needs a different type of medicine." I compounded the medicine as what the teacher told me when they came again. Of course, they recovered. I compounded the medicine without

reading any theories and without reading the "Songs for the Qualities of Medicines (*Yaksŏngga* 藥性歌)[51]. That is how I learned herbal medicine.[52]

[51] *Songs of the Qualities of Medicines* come in multiple numerous forms. There is no single standard version. Most medicines and formulas were memorized by reciting verses by physicians as well as people in general interested in medicine. Unusually, Maeng did not memorize the verses. However, in Korea in the 1930s, he was likely referring to the popular texts used to learn herbal medicines, *Compilation of Formulas and Medicines* (*Pangyaghapp'yŏn*方藥合編 1884) by the Korean physician Hwang To-yŏn (黃度淵 1808-1884), and the Chinese physician Gong Tingxian's (龔廷賢 1522-1619) *Cures for Ten Thousand Diseases* (*Wan bing huichun* 萬病回春 1615). For the various rhyme books used in Korea, see Oh Chae-kun 吳在根, "A Study on the Nature of medicinals in Rhymes of Medical books in Chosun dynasty," 조선 의서 중의 藥性歌에 대한 연구 제중신편 의종손익 을 중심으로 (*Chosŏn ŭisŏ chongŭi yaksŏngga e Taehan Yŏngu chaejongsinp'yŏn ŭijongsonik ŭl chongsimŭro*) in *Journal of Korean Academy of Korean Medicine* 대한한의학원전학회지, 24. 3, (2011): 49-64.

[52] Kim Nam-il claims that at the House of Gold and Jade three famous physicians trained Maeng Hwa-sop. Kim names Sŏ Byŏng-hyo (서병효, 徐丙孝 1858-1939) the famous royal physician of the Chosŏn Palace, Kim Hae-su (김해수, 金海秀 1858-?), and Pak Yong-sin (박용신, 朴鏞信). Sŏ Byong-ho was born and grew up in Taegu in Kyŏngsang Province. He was a court physician to the Emperor Kojong (高宗) from 1901-1910. In 1911 he was a co-founder of the Hansong (Seoul) Han Medicine Institute. He published prolifically including helping with the journal *Eastern Medicine Mirror* (*Tongŭi Pogam* 東醫報鑑) in 1916. In that year he also established a clinic in Kyŏngsŏng, the Lofty South Clinic (潼南醫院). He is well-known for editing the 1933 series of journals on life philosophy, *Another Cosmos* (*P'yŏl Gŏngon* 別乾坤). For Sŏ, see Kim Nam-il (2011), 46-49. Kim Hae-su, was also a former Palace physician most well-known for operating the Great Eastern Clinic (大東醫院) and for his medical writings, including *The Main Points of Medical Prescriptions* (*Ŭibang Taeyo* 醫方大要 1928), *Ten Thousand Diseases, Ten Thousand Medicines* (*Manbyŏng Manyak* 萬病萬藥 1930), *Great Eastern Medicine Mirror* (*Taedong Yakgam* 大東醫鑑 1931). For Kim Hae-su see Kim Nam-il (2011) 343. Pak Yong-sin has disappeared from the extant records. The records that we have do not place them at the House of Gold and Jade. Also, Kim's account of these three physicians teaching Maeng contradicts his own recollection that he was an autodidact. In his article, Kim provides no citation or evidence for his claim. Park Young-hwan who met Maeng daily for twenty years, as his close student, had never heard of him being taught by the three physicians. It is possible that Maeng was being modest. His modesty would be unusual as it is considered respectful to acknowledge teachers. Furthermore, it is usually considered honorable to claim membership of a famous teacher's lineage. It is possible that Kim believes that if the three famous physicians were working at the House of Jade and Gold, then Maeng must have learnt something from them. However, it does not follow that working on the same premises meant that there was teacher-student relationship. Instead, Maeng clearly refers to only Cho Myŏng-ho as his teacher.
After writing the above lines, I asked Kim Namil why he made this claim. He said that his source was Pan Ch'e-hong 반채홍, "18 년 째 徒弟臨床강의: 少年入門한 臨床大家" 床(18 years of lectures on clinical medicine to apprentices: young people enter the clinical medicine family, sippal nyŏn toje imsang kang ŭi: sonyŏn immun han imsang taiga) 韓醫師協會 (Society of Korean Medicine Doctors *Hanŭisa hyŏbhoe*) June 10, 1987. For Kim Nam-il on Maeng, see 의사학으로 읽는 근현대 한의학 (22) 일제시대 상한론 연구는 어떠한가? (Ŭisahak ŭro ingnen kŭnhyŏndae hanŭihak: ilchesidae sanghanron yŏngu nŭn ŏttŏhanga Reading Modern Korean Medicine through the History of Medicine (22) Research on the

Maeng Hwa-sŏp's account above offers an alternative narrative of hands-on learning to the more standard narratives of medical learning through texts and master-disciple apprenticeships. Maeng presents himself learning medicine by practical handling of the medicinal substances and by careful face-to-face observations of patients well before he read about either topic in texts. Furthermore, Maeng's teacher, Cho Myŏng-ho, was not a physician but rather a herbal pharmacist, who spoke little but still gave terse advice and recommended medical texts to him.

On the road

Having been secure in his job as an apothecary assistant, Maeng's life then took a difficult turn. After nearly three years working with Cho at the House of Gold and Jade, Maeng prepared to move to Japan. Cho had moved there to expand his medicinal business, and had asked Maeng to join him. The student agreed to follow his herbal medicine mentor, demonstrating that Maeng's learning relationship was with Cho, and not the physicians working in the House of Gold and Jade. Just prior to Maeng's departure for Japan, however, he learnt that his father was seriously ill. Adhering to the principle of filial piety, Maeng made the decision to stay behind in Korea, so that he could monitor his father's condition. Although Cho's uncle continued to run the House of Gold and Jade, Maeng was not offered a position by the new management. His relationship with Cho, who had set up his new apothecary in Japan, did not transfer to

Treatise on Cold Damage in the Japanese colonial period) in *Hanŭi Sinmun*, (*Korean Medicine News* 한의신문), August 29, 2008.

Cho's uncle. This left Maeng to survive again by his own wits and perseverance. Using some of the skills he had learnt, in 1935 he became a medicine peddler.

> So I started as a medicine peddler. I bought a used bicycle and took orders by riding the bicycle around Seoul. When I took an order, I went to a wholesale medicinal herbal store and bought ingredients. I sold them to my customers with a small margin. You should have a big reserve of capital for this kind of business because you had to have credit transactions to further the business. But you cannot make big money if you give medicine to customers, and then have to pay back wholesale stores with the customers' money. I had a hard time doing this business, and I was almost 20.

Here Maeng presents himself as working alone. It also seems he was no longer recommending medicines to patients but just delivering them and clearly doing difficult work with little financial reward.[53] Seeking less grueling work, in 1938 he accepted an offer from a businessman to work at the Standard Bridge Apothecary (Pŏpkyuguk 법교국, 法橋局) in P'yŏngyang (平壤).[54]

> Then, there was a man who dealt with the wholesale medicinal herbal store and who worked as a broker in P'yŏngyang at the same time. He wrote a letter to me. It said, "Standard Bridge Apothecary (the greatest pharmacy in P'yŏngyang)

[53] At first, he lived in the apothecary, as was customary for errand boys to do. When he married at age 20, he lived with his wife and his parents-in-law in Dang-ju dong. From conversation with Park Yung-hwan.
[54] The pharmacy was very famous nationwide, with the owner Kim (金) family well known throughout Korea.

would like to recruit someone, so you should come here." So I went to P'yŏngyang. When I got there, it was located at the corner of Jongno (종로, 鐘路).[55] It was so big, the greatest apothecary north of the Han River.[56] So I entered the building, and the manager told me that I was not a suitable candidate to do manual labor, but rather was a man who could do office work and accounting. He gave me an outright denial right on the spot. Having heard this, the man who recommended me took my jacket off and told me to work. He said to the manager, "He looks lean, but will work better than anyone else here" and urged me to start working. So I started working and got the job. I worked better than anyone else there once I started.

In his oral account, Maeng did not reveal much about his life in P'yŏngyang. So we do not know more about the man from the wholesale medicinal herbal store who gave him this job break. Although thin and probably malnourished, he presents himself as able to impress his new employers with his willingness to work and his skills.

Rural Medicine: Confucian gentleman

Although we do not know much more than that Maeng stayed in P'yŏngyang for less than a year, it was there that he quickly struck up good relationships with the people he worked and lived with. He relates that an acquaintance recommended that he apply for a government post back in his hometown of Kwangju. At first reluctant due to his lack of a

[55] There are Jongno districts in both Seoul and P'yŏngyang. The Jongno in P'yŏngyang is in the center of the city, on the west bank of the Taedong River, where the Taedong Bridge crosses the river. It is now a place of tall residential luxury towers.
[56] The Han River is in Seoul, so in effect it means the largest apothecary north of Seoul, approximating the largest apothecary in present-day North Korea.

college education, the acquaintance reassured Maeng that he would do well. He put in a good word with his friend, the Governor of Kwangju, his former classmate in Kyushu University. Drawing on the regional network of returned students from Japan, as an official in the Examination Supervisory Service, he offered to guide Maeng through the application process.

Membership of the Maeng clan also likely played a role in securing Hwa-seop a position in local government in Kwangju, Kyŏnggi-do. When applying for the position Maeng said "I brought the documents and names of my referees. Maeng Chong-sŏp 맹종섭 was one referee." Chong-sŏp was the local Maeng patriarch, the second-richest man in his town, Tolma township (Tolma myŏn 突馬面).[57] According to Maeng's testimony, the name accrued some benefits since he was shortly granted this position.

Maeng's eight-year career as an official in Kwangju saw him steadily climb the promotion ladder. In 1938, he was first appointed as an instructor for industry in his township, and subsequently as a township official.[58] In 1939, he was appointed as the assistant of the cotton cultivation development technician in the Agricultural Association. In his final move in government service, in 1940, he was promoted to the Kwangju District Office where he worked in the Agriculture section. Maeng's unconventional path to an official career points to his intelligence in the absence of a college education, but also his ability to form relationships with colleagues (presumably both Japanese and Korean) as well as with local villagers.

[57] In Korean, tong 洞 means neighborhood, and *myŏn* 面 means town.
[58] Kwangju district consisted of 16 townships.

Very soon after beginning his post as an industry instructor, people in the community began to ask him to treat patients. His first patient was a post-partum woman with severe edema. He diagnosed her as having qi deficiency and prescribed a decoction that successfully cured her. Thus, according to his account, his fame spread throughout Kwangju and he was asked to write prescriptions wherever he went across the district.

> While doing my job as an instructor, people there happened to know I had worked for a pharmacy an instructor, people there happened to know I had s wherever he went 光東里), and he called me because his second daughter-in-law was out of breath and sweated a lot, almost dead due to her edema after her childbirth. One day, I was about to wake up, when someone called me from outside. Going out, I saw the first son of the Gwangdong-ri village head. I asked why he had come, and he answered that his father wanted to see me. I asked why, and he answered that his sister-in-law was seriously ill, and his father wanted to see me immediately. I was torn between two choices, whether I should go or not. Finally, I followed him, carrying my books with me.[59] After I arrived and saw the patient inside, I

[59] We do not know what books Maeng was referring to. Park Yung-hwan told me what his favorite medical books were in his later life. Park believes it is highly likely that the books Maeng took with him in the 1930s, included some from this list: Zhang Zhongjing 張仲景, *Treatise on Cold Damage* (*Sanghanron*, 傷寒論 originally compiled before 220). Hŏ Chun 許浚, *Treasured Mirror of Eastern Medicine* (*Tongŭi Pogam* 東醫寶鑑, 1613). Gong Tingxian 龔廷賢, *Cures for Ten Thousand Diseases* (*Wanbing Huichun* 萬病回春 1615). Ch'oe Kyu-hŏn 崔奎憲, *Medical Prescriptions for Children* (*Soa Ŭibang*, 小兒醫方, 1846). Fu Qingzhu *Fu Qingzhu's Men's and Women's Medicine* (*Fu Qingzhu zhu Nan Nu Ke* 傅青主男女科, first published 17th century). Hwang To-yon 黃度淵, Compilation of Formulas (Pangyak Happ'yŏn 方藥合編 1887). Yi Y'ong-ch'un 李永春 *Records of the Healing Mirror* (Ch'ungamnok, 春鑑錄, 1927). Yodo Odai 尾台榕堂, *Broad Perspective on Collection of Prescriptions* (Ruijuho Hiroyoshi 類聚方廣義, first published 19th century). Ye Tianshi 葉天士 (1667-1746), *Ye Tianshi's Gynecology* (*Ye Tianshi nuke* 葉天士女科). Wu Qian 吳謙 *Golden Mirror of Medicine* (*Yizong Jinjian* 醫宗金鑑 1742). Zhang Jingyue 張景

> decided that her illness was from qi deficiency after childbirth. So I wrote her a prescription of Strengthen Deficiency Decoction (*Pohŏt'ang* 補虛湯) with additions, and she recovered soon after taking the medicine…people spread the story that the official Maeng cured the Gwandgong-ri village head's second daughter-in-law.[60] The news spread so fast that my work became writing prescriptions wherever I went from then on.

Maeng's single case in his interview gives a window into the doctor-patient relationship in the countryside. Maeng's description of his case is followed by a statement that for years afterwards, he followed a similar pattern of prescribing herbal medicines while on official business.

> So, on my business trips, I just wrote prescriptions for the people there. In return, the local people helped me with fulfilling my tasks assigned on my business trip…When I went to a town, I just spent my time writing prescriptions. I just wrote prescriptions for people one after another and the day was almost gone.

It is likely that Maeng's experience is broadly representative of a Korean countryside where people in local communities with some knowledge of medicine and healing suggested remedies and offered prescriptions to each other. It is less clear, however, how

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岳 Jingyue's Compendium (*Jingyue Quanshu,* 景岳全書 1624). Li Chan, Medical Primer (*Yixue Rumen* 醫學入門, 1575). Notable is Maeng's wide range of medical styles, encompassing Korean, Chinese, and Japanese texts. Park Yung-hwan says that Maeng also was an enthusiastic follower of the entire range of Japanese Kampo medicine.

[60] Strengthen Deficiency Decoction is a prescription in Hŏ Chun's *Treasured Mirror of Eastern Medicine*, Part VI, see English translation published by the Ministry of Health and Welfare, 2013, 3052. The prescription is listed in the section titled "Treatment Methods After Childbirth." Maeng's testimony shows that physicians in Korea used the *Treasured Mirror of Eastern Medicine* as a clinical guide to practice. Strengthen Deficiency Decoction contains Ginseng (*insam* 人參), Atractylodes (*paekch'ul* 白術), angelica root (*tanggwi* 當歸), lovage root (*ch'ŏngung* 川芎), astragalus (*hwanggi* 黃芪), tangerine peel (*chinp'i* 陳皮), and licorice (*kamch'o* 甘草). This is a strongly tonifying decoction, with ginseng, atractylodes, and astragalus as herbs that tonify qi, while angelica root tonifies the blood.

typical it was for local officials in 1930s rural Korea to spend their assigned work time seeing patients in an extra-official role as physician. As Maeng stated in his interview, he believed that his status as a person from the Maeng lineage, and as a Confucian scholar, m eant that he was obligated to write prescriptions for the local people. Thus, the historically Korean situated concept of the Maeng family lineage as direct descendants of Mencius starting with their late-nineth-century primogenitor Maeng Sŭng-hun , manifested in Maeng's personal narrative in helping people through practicing medicine.

Reflections on self as patient

Paradoxically, Maeng's interview as a primary source adds to the understudied history of the patient in Korea. Maeng's case illuminates aspects of healing from both the perspective of the physician and the patient.[61] He fell ill as a child and nearly died. Subsequently, at age 21 he contracted tuberculosis. He then adopted various therapies to recover, including rest, mountain climbing, and sexual abstinence, but mostly he recalls that he drank medicinal herbs for many years. In his account, his experience as a patient helped him to understand medicine better. Maeng's interview also reveals that people in the community in Korea passed on medicinal prescriptions tips to each other in an informal network of medical informants. Maeng also discussed his beliefs in the role of astrology in influencing one's health.

[61] With historians of medicine in the 1980s moving towards an interest in healer/patient relations, Roy Porter, in 1985, articulated the need for placing patients at the center of historical inquiry. See Dorothy Porter and Porter, Roy, *Patients' Progress: The Dialectics of Doctoring in Eighteenth-Century England* (Redwood City: Stanford University Press, 1989). Repositioning patients at the center of history was an innovative concept at the time and brought the poor more into the story, allowing historians to enter the world of the majority of people.

Maeng relates that throughout his childhood, he only ate boiled rice mixed with millet for breakfast, and then some porridge for supper in the evening. That he went without lunch and was probably hungry meant that Maeng did not enjoy robust health as an adolescent. Maeng twice contracted serious infectious diseases: malaria at age 15 and tuberculosis at age 20.

> While planting rice, I fainted on the paddies after a few sudden trembling. People took me and laid me in my head family's detached house. I didn't know how long I lay there. I regained my consciousness after many days and came to know that I had contracted malaria.

Here Maeng discusses his contraction of malaria in 1930 at the age of fifteen. He does not discuss his recovery, but it is likely that he had no money for medical treatment at that time. His long-term solution was mainly to use herbal medicine to strengthen his health. In his testimony, he discusses his early life in terms of his education and work, but also emphasizes his tenuous health as an important factor in his life story. For example, the fact that he was too weak to continue working as a farmer meant that he had to seek alternative employment in the city, and so ended up working in an apothecary. Although not discussed, it is likely that he occasionally had some herbs to help his condition while working at the House of Gold and Jade from 1931 to 1938.

The ironic aspect of Maeng's illnesses is that he was often at a loss as to how to treat his own chronic weakness and general debility. He attributes his poor health to at least two major factors, but he does not delve into detail on his deeper thoughts on the question. He first mentions the lack of nutritious foods in his youth, and second, how his work as a rice farmer, and later as a peddler, took their toll on his health. Thus, his life

circumstance was also a factor in his health. Regarding therapy, Maeng remembers some of the medicines he took to heal himself. While acknowledging the importance of selecting the right medicines, for Maeng, treatment was multifactorial, including attention to lifestyle practice such as abstinence, rather than simply a matter of taking herbs. He recalls his second serious illness in 1935, when he contracted tuberculosis, by outlining his recovery through herbs, rest, and mountain climbing.

> Furthermore after I married in the spring, I got a lung infection and had to be out of work until the autumn. I couldn't work, so I went to the mountains, parks, and libraries. I took some rest anyhow. When it was autumn, I started my business again. It was the season for preparing kimchi for winter, and I had a bad cold when it got cold suddenly.[62] So I asked the eldest brother of the teacher who ran the pharmacy if I could have some herbs.

Maeng used a combination of some herbs, rest, and mountain climbing in his recovery. "I couldn't work, so I went to the mountains over the summer of 1935." Anyone who has visited Korea will know that walking up and down mountains is an activity that most people there often participate in for health reasons. Many Koreans believe that the mountains are infused with a lot of yang qi, thus helping with healing of illness in general. We are left to wonder what Maeng read when he rested in libraries since all he focused on was that he recovered his strength enough to return to work in the autumn.

However, his weakness meant that he caught cold again with the approaching winter. To treat his cold he took a combination of two prescriptions, Double Harmony

[62] *Kimchi* is fermented cabbage, still eaten at every meal by most Koreans to the present day.

Decoction (*ssang hwa t'ang* 雙和湯) and Defeat Toxin Powder (*p'ae tok san* 敗毒散).[63] He gave his combination the title of "Double Defeat Toxin Decoction" (*ssang p'ae t'ang* 雙敗湯). Both of the prescriptions that Maeng self-prescribed to treat his cold came from Hŏ Chun's *Treasured Mirror of Eastern Medicine*, thus demonstrating his use of that popular medical text. In the absence of standardized or universalized medicine, healers made personal choices among numerous styles of herbal medicine. Having chosen the *Treasured Mirror of Eastern Medicine* as his text of choice in this case, he then had to choose among many dozens of prescriptions to match his particular case. For example, to treat cold, physicians diagnosed according to a constellation of factors such as whether the patient is thought to be more hot or cold, more dry or damp, and so on. In his account, Maeng then met a part-time healer from Chŏlla Province (全羅) who persuaded him to change his herbal prescription.[64] We are left to wonder why he chose to change his medication. However, Maeng makes the point that the Chŏlla man insisted that that Maengs must not make their own prescriptions Subsequently, at the suggestion of the part-time healer, Maeng tried the new prescription of Nine Ingredients Notopterygium

[63] Double Harmony Decoction is listed as curing tiredness of the mind and strength, excessive work after sexual intercourse, a consumptive disease after severe illness, and so on. It contains white peony (*paekchak* 白芍), prepared rehmannia (*sukchi* 熟地), astragalus (*hwanggi* 黃芪), angelica root (*tanggwi* 當歸), lovage root (*ch'ŏngung* 川芎), cinnamon twigs (*kyeji* 桂枝), licorice (*kamch'o* 甘草), fresh ginger (*saenggang* 生薑), and dates (*taejo* 大棗). Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013, part IV, 2111-2112. Defeat Toxin Powder is listed in the *Treasured Mirror of Eastern Medicine* as treating pestilence. It includes notopterygium (*kanghwal* 羌活), young angelica root (*toghwal* 獨活), bupleurum (*chiho* 柴胡), hogfennel root (*chŏnho* 前胡), red poria fungus (*chŏkpokryŏng* 赤茯苓), ginseng (*insam* 人參), bitter orange peel (*chigak* 枳殼), balloon flower root (*kilgyŏng* 桔梗), lovage root (*ch'ongung* 川芎), schizonopeta (*hyŏnggae* 荊芥), siler root (*pangp'ung* 防風), licorice (*kamch'o* 甘草). Ibid, Part V, 2547.
[64] Chŏlla is a province in southwest Korea.

Decoction (*Kumiganghwal*'ang 九味羌活湯), also from the *Treasured Mirror of Eastern Medicine*.[65]

> I bought two packs of Nine Ingredients Notopterygium Decocotion, and I sweated a lot and was so sick after I took a pack. When I woke up the next morning I felt dizzy and weak. I could not stand up. I fell after I took a pack of Nine Ingredients Notopterygium Decoction. I just fell down even before I took the second pack, and so I had to stay away from work again.

To apply my own clinical analysis, Notopterygium is a rather strong diaphoretic, which is therefore not recommended for people with a weak constitution or suffering from deficiency of qi. It may be fine to take if balanced with other herbs that reinforce the qi. But it appears that the prescription was too strong for Maeng on this occasion. His qi had been dispersed by the sweating, hence the dizziness and lack of energy. He would have to strengthen his qi once again to resolve the problem.

Maeng indeed adopted the strategy of strengthening his qi and blood. To do so, he followed the advice of yet another man he met by chance named Chŏng Yi-mo (정이모).

His new acquaintance was not a physician but a man who had read Chinese (Han 漢) medicine literature. Chŏng said he had read in the book *Compilation of Formulas and Medicines* (*Pangyakhapp'yŏn* 方藥合編) about a prescription named Angelica Tonify

[65] Nine herb decoction with Notopterygium includes Notopterygium (*kanghwal* 羌活), siler root (*pangp'ung* 防風), Atractylodis (*ch'angch'ul* 蒼術), Asarum (*sesim* 細心) , lovage root (*ch'ongung* 川芎), angelica root (*paekchi* 白芷), Baical skullcap root (*hwanggŭm* 黃芩), rehmannia (*saeng ji* 生地黃), licorice (*kamch'o* 甘草).
This prescription induces sweating and dispels dampness while simultaneously draining interior heat. It is listed in the Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013, Part III, pp. 1762-1763.

Blood Decoction (*Tanggwibohyŏlt'ang* 當歸補血湯).[66] The bedridden Maeng took Chŏng's advice and continued to do so by taking this prescription for the next three years.

This prescription consists of two ingredients, astragalus (hwanggi 黃芪) (alternatively called milk veitch root) and angelica root (tanggwi 當歸). Astragalus strongly tonifies qi while Angelica root strongly tonifies blood. In combination, tonifying qi and blood together makes for a powerful restorative. After three years Maeng thought he would try another formula called Nourish Yin and Direct Fire Downward Decoction (*chiŭmganghwat'ang* 滋陰降火湯).[67] Maeng does not say why he chose to change to this very different decoction. From a clinical persepective, I speculate that he might have started to feel some heat after three years of strong restorative tonics. His new decoction, also listed in the *Treasured Mirror of Eastern Medicine*, is used to treat the rise of fire due to a yin deficiency. However, after trying to direct his fire downward with his new decoction, he subsequently randomly met another man, named Chu (주, 朱) from Pukch'ŏng (北靑) in Hamgyŏng Province (咸鏡).[68] As did Maeng's previous acquaintance from Chŏlla, Chu persuaded Maeng that a member of such an illustrious clan should not take such herbs. He advised that the Nourish Yin Decoction is cold-

[66] The text *Compilation of Formulas and Medicines* was written by Hwang To-yŏn (黃度淵), first published 1887. For a reprint, see Taejŏn, Korea Institute of Oriental Medicine, 2009.

[67] Nourish Yin and Reduce Fire Decoction includes, peony (*baekchak* 白芍), angelica root (*tanggwi* 當歸), rehmannia (*sukchi* 熟地黃), Asparagus root (*ch'ŏnmundung* 天門冬), Ophiopogon (*maekmundung* 麥門冬), Atractylodis (*baekch'ul* 白術), prepared rehmannia (*saengji* 生地), tangerine peel (*chinp'i* 陳皮), Anemarrhenae (*chimu* 知母), Amur cork tree bark (*hwangbaek* 黃柏), honey-fried licorice (*chikamch'o* 炙甘草), ginger (*saenggang* 生薑), dates (*taejo* 大棗).
This prescription enriches the yin, nourishes the blood, and directs fire downward. Relevant to Maeng is the fact that Anemarrhenae and Amur cork tree bark are both extremely cold and thus damaging to the stomach and to the qi of the body if taken for a prolonged period of time. See Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013, Part I, 426.

[68] Hamgyŏng is on the east coast of present-day North Korea.

natured and would thus harm Maeng's stomach. The issue here was that Chu thought that the kind of herbs he was taking were too harsh on him. Thinking the proposition sounded reasonable he was persuaded. Maeng then changed his prescription to Four Substances Decoction (*samult'ang* 四物湯) and Six Ingredients Rehmannia Decoction (*yungmijihwangt'ang* □ 味地黃湯), both of which were also listed in the *Treasured Mirror of Eastern Medicine*.[69] Four Substances Decoction's main function is to tonify the blood, while Six Ingredients Rehmannia Decoction's main function is to tonify kidney yin. This combination is milder and less cooling than his previous prescription of Nourish Yin and Reduce Fire Decoction. To his two new prescriptions, Maeng added ophiopogonis (*maekmundung* 麥門冬), goji berries (*kugija* 枸杞子), and cinnamon bark (*yukkye* 肉桂).[70]

Cinnamon bark is very warming, thus oriented in the opposite direction from his previous cold prescription. Although he does not himself state this, from the above clinical analysis, one could conclude that Maeng was settled now on a more balanced and slightly warming combination of herbal medicines.[71]

Maeng's discussion of his experience as a patient in the 1930s arguably functioned more broadly to place himself in the orthodox stream of medicine in Korea.

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[69] Four Substances Decoction includes Rehmannia (*sukchi* 熟地黃), peony (*baekch'ul* 白芍), angelica root (*tanggwi* 當歸), lovage root (*ch'ongung* 川芎). The prescription tonifies the blood and regulates the liver. See Hŏ Chun, *Treasured Mirror of Eastern Medicine,* 2013, Part I, 231-232. Six Ingredients Rehmannia Decoction includes Rehmannia (*sukji* 熟地, Cornelian cherry (*sansuyu* 山茱萸), Chinese Yam (*sanyak* 山藥), poria (*pongryŏng* 茯苓), cortex of peony tree root (*moranp'i* 牡丹皮), water plantain root (*t'aeksa* 澤瀉). The prescription enriches the Yin and nourishes the kidneys. See Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013, Part I, 426.

[70] Ophiopogonis augments stomach yin and generates fluids. Goji berries nourish liver and kidney yin, and tonify blood. Cinnamon bark warms the kidneys and fortifies yang.

[71] The evidence here of Maeng taking advice from people he happened to meet provides evidence that he did not learn much, if anything at all, from the three famous physicians at the House of Jade and Gold.

Again and again citing prescriptions found in the *Treasured Mirror of Eastern Medicine* reference placed him firmly with the learned physicians in Korea. There was no hint of Maeng following any of Sŏk-kok's unorthodox medical ideas of strengthening yang or any other independent medical thinker of the 1930's period.[72] On the contrary, Maeng's prescriptions as a patient focused mostly on mild gentle actions designed to harmonize his health incrementally over a period of years. Moreover, Maeng was mostly focused on tonifying yin and cooling his body, opposite to Sŏk-kok's major focus on strengthening yang. On the occasion when he did try some stronger herbs, he collapsed. Clearly, his message was to focus on gentle, mild prescriptions intended to slowly tonify the qi and yin.

On the one hand, while Maeng situated himself firmly within orthodox medical practice in Korea, he was not college trained or a registered doctor, nor were some of his interlocutors with whom he discussed his medical conditions. Maeng's example suggests that there was little to no gap between the type of medicine practiced by elite, learned physicians, and ordinary people possessing some knowledge of medical texts. Again, the accessibility of medical knowledge as demonstrated by Maeng's experience resonates with the 1930's physician and author, Cho Hŏn-yŏng's argument that the *Hanbang* Renaissance was about the practice of medicine in communities regardless of background.[73] In Cho's words, at the level of basic healthcare Eastern medicine could be learned and practiced by anybody, regardless of background.

Maeng took his new medicinal combination for three years. In his interview, he said the medicine worked well when he took it because started to feel better. But then he

[72] For Sŏk-kok, see chapter five of this dissertation.
[73] For Cho Hŏn-yŏng, see chapter four of this dissertation.

made the surprising conclusion that it was all to naught because he was indulging in too much sex. He lamented that he could not restrain himself when he slept with his wife. He acknowledges that he was too physically weak to engage in sex with his wife without suffering from deficiency afterwards. Thus, his lifestyle was also a factor in his health. He argues that working as a government official enabled him to travel around Kwangju, thus avoiding sleeping with his wife. Enforced abstinence, according to Maeng, enabled him to recover his strength "suffering from deficiency afterwards. Thus, his lifestyle was also a factor in his health. He argues that working as a government official enabled him to travel arver my illness." After years of patiently boiling and drinking his herbs, he expressed a note of self-criticism. He had ruined it all. However, Maeng's analysis is not surprising if we are familiar with medical literature such as the *Treasured Mirror of Eastern Medicine*, which in turn draws on a plethora of texts to support warning that over-indulgence in sex drains the Kidney Essence.[74] The most precious fluid in the body Kidney Essence, is particularly drained upon ejaculation, thus considered to be weakening the overall qi and blood.[75] Therefore, for Maeng, the primary factor in healing, before taking certain medicines, was moderation in lifestyle. Maeng's frankness here in discussing his own weakness in his youth is possibly also a rhetorical means to warn his audience of students of the necessity practicing moderation themselves.

More important than debating the merits of various methods of healing is the rich evidence that the Maeng material- his interview book and published book in 1976 - provides an understanding of medical practice in Korea. Maeng's experience appears to be typical in showing how medicine was practiced in the home and in the neighborhoods.

[74] Hŏ Chun, *Treasured Mirror of Eastern Medicine*, 2013, Part I, 67.
[75] Hippocratic-Galenic medicine likewise, with its six non-naturals, shares a similar principle.

In the way that Maeng came across random people from different corners of Korea also suggests how informal networks of relatively well-informed people met to discuss therapies in a process of more-or-less casual negotiation. Offering advice in healing also served to form relationships among people, with the act of advice as a show of benevolence. After all, Maeng still remembered the names and hometowns of his interlocutors after seven decades. If we understand that medicine in Korea was practiced in this way well into the colonial period, we need to acknowledge that elite physicians comprised a narrow slice of the people who were actually practicing medicine. People offering each other advice in their communities as a transaction between family members, friends, and acquaintances is likely to be more common than previously discussed in the scholarship. Thus evidence from Maeng's narrative suggests the distinction between healer and patient is more blurred than that portrayed in the historiography to date.

Not only are the roles of healer and patient merged, but Maeng's recollections also show that the central importance of medicinal prescriptions has been overstated in the scholarship to date. Resonating with Sŏk-kok's appeal to moral principles as central to health, and similar to the urban physicians' close attention to *yangsaeng* practice, Maeng also surmised that regimen or regulating one's lifestyle was important. However, different from these contemporaries, we find in his interview that he also thought that destiny according to astrological timing is central in matters of health, life, and death.

Astrological chart

"If you were still sick despite your medicine-taking and endured your disease, then you would miss the chance. You'll head toward to hopelessness. So you need to put this in order very well." Maeng is most emphatic when he ascribes the circumstances of his difficult life to fate in the astrological sense. Maeng links health with time charts, thus questioning the idea that medicine acts on diverse patients with uniformity. In other words, Maeng argued the case for individualized medicine albeit via individualized astrology. The four pillars and eight characters are the basic units of the system of astrology used in China, Korea, and Japan. Sharing yin yang theory and five agents theory with medical theory in East Asia, astrology in Korea had its roots in the canonical Chinese text, the *Book of Changes* (Yi Jing 易經), originally a divination manual in the Western Zhou period, 1000 BCE-750 BCE). The core of the *Book of Changes* is the *Zhou Yi* (Changes of Zhou 周易).[76] Discussing his health and his life destiny, Maeng concludes that his chart means a difficult life, with accompanying health problems. "My destiny says that I have very lousy Chinese Four Pillars (*saju* 四住) and Eight Characters (*p'alcha* 八字). He calculated his chart by noting four units of time: the pillars, that is the time of his birth to the hour, the day, the month, and the year. Certain times indicate a

[76] Astrological divination in medicine is still used by some physicians in South Korea today. For a representative historical analysis, see Kwŏn Kyŏng-in 權景仁, "Research on Han Tong-sŏk's career" 韓東錫 生涯에 관한 研究, *Han Tong-sŏk ŭi saengae kwanhan yŏngu*," Master's thesis, Taejŏn University, 2001. Also see Yi Ni-gŭn 李理根, *Han Medicine and Divination* 漢醫學 과 命理學 (Hanŭihak kwa myŏngnihak), Seoul: Myŏngmundang, 1990. Wai-ming Ng, "The I Ching in Late-Choson Thought," in *Korean Studies*,24 (2000): 53-68. Michael Nylan, "The *Changes Yi* 易," chapter 5, Nylan, *The Five* "*Confucian*" *Classics* (New Haven: Yale University Press, 2001), 202-252. Edward Shaughnessy, *I ching* 易經, in Michael Loewe, ed., *Early Chinese Texts: A Bibliographical Guide* (Berkeley: The Society for the Study of Early China and University of California Berkeley, 1993), 216-228. Regarding China, Vivienne Lo uses the term astro-medicine, noting that its research is in its early days. See Lo, "Heavenly Bodies in Early China: Astro-Physiology in Context," in Anna Akasoy; Charles Burnett; Ronit Yoeli-Tlalim, eds., *Astro-Medicine: Astrology and Medicine, East and West*, (Firenzi: Sismel, 2008), 143-188.

place in the spectrum of the five agents of wood, fire, earth, metal, and water. According to the time in the reading, each of the four pillars is determined as being more yin or more yang. For example, a yin wood is qualitatively different to a yang wood. Ideally, for both health and for life destiny, the five agents and yin yang should be in balance. In practice, a perfect balance is never achieved. The degree of imbalance and the specific permutations of that imbalance tell the person a large amount of information, in terms of health and predictive fate in life circumstances. Reading an astrological chart, however, is open to interpretation, with scholars historically arguing and debating readings of them. Prior to the twentieth century, factoring in the astrological chart reading was nonetheless an important part of the diagnostic and therapeutic process, for physicians and patients. For example, acupuncture was often given to patients at specific times according to the chart reading. With regard to Maeng's astrological chart, he stated that he had a severe imbalance among his five agents: a preponderance of the wood element with only one water element.

> I have 5 woods, but I have only one water, that is *kye* (癸). According to yin yang theory and five agents theory this single water has to nourish my five woods. But another problem is that I also have two earths. Earth is in an antagonistic relationship with water. Earth represses water. The two earthsin my chart deplete my health. So, my health is always robbed by these two earths. Moreover, together with my five woods that need constant nourishment, a total of seven agents deplete my body.

With multiple wood agents taking away from the water agent, Maeng believes his

health suffers accordingly because of this imbalance. Therefore I have nothing. Nothing, all these trees (wood)… That's my destiny according to the Chinese Four Pillars and Eight Characters always takes away from me and never supplements anything for me." Rather than despairing, and instead of frantically wondering what type of herbs should be taken, Maeng saw a solution in his work. "So why should I live? According to yin yang theory and five agents theory I am destined to work all my life." Destiny was thus not solely a pre-determined fait accompli for Maeng. Knowledge of the chart may offer solutions. For Maeng, the solution was to work, in order to be help and to be of service to others. Instead of seeking to counterbalance his astrological chart by seeking ways to compensate for his deficiencies in terms of his five agents, he resolved to work with his destiny by following his chart reading. His interpretation of his astrological chart told him that his life would be lived well if he worked for others. For Maeng, we could argue that he understood his work as the palliative. The patient Maeng thus embarked on the path of becoming a healer himself, in turn treating other patients while also treating his own health problems.

Conclusion

Maeng Hwa-seop's life trajectory can be framed as a story of how an autodidact became a famous physician. It can also be read as a short microhistory of some aspects of life in a rural locality in the Japanese colonial period. However, perhaps the key theme is that of the establishment and continuity of a medical lineage. The very act of bequeathing the interview becomes part of the story. Maeng hoped to leave a message to his family and students. If there is one theme that stands out, it is the arduous effort that goes into

acquiring practical knowledge as well as the responsibility to transmit what is precious to family and students.

Maeng learnt medicine through hands on practical experience, rather than the older expected methods of book learning or apprenticeship. Maeng learnt by doing, in his teenage years as a farmer, and then as a laborer in an apothecary, and a herbs peddler. Scholarship on the history of medicine in Korea has often focused on the role of texts in the transmission of medical knowledge. If we examine the broader context, and use a wider analytical lens, Maeng's interview also makes the convincing case that is inadequate to characterize the period as one of clear Korean-Japanese binaries. Although the scholarship emphasizes the ways by which the Japanese colonial rulers suppressed Korean healers, here is a story of a Korean using the political system to benefit people in a local community by providing healthcare. Working as a government official presumably meant that he earned a living wage, yet he used that position to nevertheless spend most of his time treating patients.

Maeng Hwa-seop's experiences also demonstrate the possibilities for an engaged smart young man in colonial period Korea. His ability to overcome his difficult circumstances following his mother's early death, and his own near death in adolescence highlights one man's propensity for hard work, but also the role that practical medical knowledge played in shaping his life trajectory. Drawing on his language skills, his network of contacts, and likely his local reputation as a member of the Maeng clan he was able to secure a government post in rural Korea. Maeng's example of working as a government official while at the same time working at the same time treating patients,

is perhaps unusual, but nevertheless demonstrates that a considerable amount of medical practice occurred at the level of the home and the office, external to formal clinics and hospitals. Self-identifying as a Confucian physician, Maeng's example demonstrates the continuity of older social institutions in colonial Korea, such as lineages and local connections. While Maeng did not comment at all on the presence of Western medicine, his story suggests the limited role that it played in colonial Korea. Even though Maeng's area of government employment in Kyŏnggi-do was rural farmland it was only twenty or so miles outside of the capital city, Kyŏngsŏng. Maeng's story suggests that the Japanese colonial presence was limited, even so close to the metropolis, in that many people relied on older local connections for healthcare needs. While there was continuity in medical practice, it is also important to keep in mind the exhortations of *Hanbang* physician Cho Hŏn-yŏng and his colleagues that the new medical social expectations meant that physicians should treat patients regardless of social status or background. Cho stated that the old rigid class structures needed to be broken down as far as healthcare was concerned. Maeng's example, therefore, does suggest that, while he was conscious of his Maeng lineage, and the responsibilities that his clan membership entailed, he was also breaking down old social barriers by treating commoner people in his locality. In line with the thread running through this dissertation that within apparent Korean weakness in the colonial period, Koreans accrued strength through consolidation of their own cultural resources. Maeng's case showed that his willingness to provide medical services to people from all walks of life suggests that, ironically, it is likely that more healthcare was available than previously was the case when clear divides in status groups were in place that prevented doctors from treating patients in lower groups.

Medicine is just one example to show that the declarations of a Renaissance were not empty slogans. Maeng's example demonstrates a case of one Korean who pushed through severe trials, and who was able to, with the help of his social connections, achieve success by practicing bothleadership and compassion in his local community, and thus contribute to local needs. Maeng understood his colonial period experiences as key in shaping how he decided to live the rest of his life. In 2000, Maeng saw himself as a doctor, but mostly as a family man and teacher of medicine. His life experiences before 1945, therefore, as he saw them, served a purpose in that he was able to learn from them to eventually become a medical teacher. Many of his medical lessons were learned from his own life-threatening experiences as a patient, taking into account herbal medicine, preventive medicine, and astrology. The accrued benefits, leading to him passing on his knowledge and experience went not only to his son, but also to a dedicated group of medical students, whom he taught until the end of his life. The Maeng medical lineage lives on today through his son, who has dozens of devoted students, and also through Maeng Hwa-seop's own students, numbering dozens who practice medicine in South Korea today.

Conclusion

This thesis has made the case that recovering Korean voices helps us to better understand the way that the sociopolitical circumstances of Japanese colonial rule in Korea from 1910-1945 brought medicine to the front of public consciousness. Korean physicians understood Eastern medicine as the most obvious field of knowledge that consciously drew on cultural resources of Korea's past. By arguing for demonstrating its social usefulness and articulating the ways in which Koreans continued to use Eastern medicine, physicians acted as an important element in the debates on Eastern identity. With the introduction of Western medicine and Western learning in general in early twentieth-century Korea, Koreans faced the problem of formulating arguments for the relevance of Eastern knowledge in general and Eastern medicine in particular.

The story of the Eastern Medicine Renaissance in Korea in the 1930s is an unusual case in the history of colonial medicine. Responding to Japanese colonial rule that began in the first decade of the twentieth century, Korean physicians of Eastern medicine complied with the new registration requirements, but turned that compliance into resistance. By organizing conferences, publishing journals and books, and through the new medium of advertising, the physicians refuted Japanese official arguments of the superiority of Western medicine.

The Koreans flipped the Japanese rhetorical argument of Koreans and Japanese as one body by arguing for Eastern medicine as a set of practices to aid mind and body, in order to strengthen the imagined East. Flipping the Japanese trope of Korean weakness upside down, Koreans used Eastern medicine to demonstrate Korean strength.

However, this is not only a Korean story. It is also a story of Korean and Japanese convergence. In a process of negotiation, Koreans and Japanese shared and deployed common cultural resources to temper the zeitgeist of the early twentieth century of prioritizing Western medicine as superior to Eastern medicine. The records show that some Japanese practitioners participated with Koreans in medical organization in the colonial period in Korea. For example, the journals feature a debate on Japanese or Chinese origins of a popular *yangsaeng* movement beginning in 1919. The Japanese rulers during the 1910s prioritized hygiene or *wisaeng* as one of their key policies to demonstrate a higher level of civilization than Koreans. Koreans eventually accepted *wisaeng* as useful and beneficial. At the same time, as a counterbalance to *wisaeng*, Koreans and Japanese converged in the process of reinventing older *yangsaeng* practices in the form of breathing exercises for health. Such a popular movement was framed as Koreans and Japanese embodying Eastern cultural practices, such as Daoism.

With Koreans insisting on using Eastern medicine, by the 1930s, the colonial state, the Government-General accepted and even promoted it. The Eastern Medicine Renaissance of the 1930s was one of the most well-known media discussion points. Eastern medicine physicians regularly wrote articles in newspapers such as the Chosŏn Daily, meaning that they even achieved a sort of celebrity status.

The Eastern Medicine Renaissance not only gave the Japanese little choice but to conform to Korean wishes, but the Renaissance in Korea helped to shape the concurrent Medical Renaissance in Japan. Further investigation may also possibly reveal to us the degree of Japanese contributions to the Eastern Medicine Renaissance in Korea. The evidence discussed in this dissertation has shown that ideas flowed both ways, with

Japanese Eastern-medicine practitioners involved with Korean medical organization as well as the Eastern Medicine Renaissance influencing greater attention to *Kampo* back in Japan. This case example of transnational history speaks to the necessity of acknowledging that ideas flowed freely across East Asia in the 1930s. Thus, to analyze a single country misses key elements in any historical study, since Koreans, Japanese, and Chinese were highly aware of each other and shared many intellectual currents.

By showing that the Renaissance was one drawn from Korean people's social practice of using Eastern medicine as domestic healing, I have offered a corrective to state-driven narratives in the scholarship. Revealing Korean voices from the sources shows that, even though they were colonized subjects, Koreans operated with a high degree of agency, using the power of argument to shape a particular form of modernity. In a spirit of do-it-yourself voluntarism, Koreans mobilized medicine as what they considered to be a precious cultural resource that benefited people while also asserting Korean native genius and knowledge production.

This thesis has also shown that there was plurality among Eastern-medicine physicians. While physicians based in the capital city enjoyed media coverage, there were also those practitioners who did not register with the state. The two case studies of rural physicians, Sŏk-kok and Maeng Hwa-seop, provide examples of practitioners embedded in local areas. Both identified as Confucian physicians but in different ways. The Kyŏngsang Province-based scholar-physician Sŏk-kok argued that Eastern bodies and minds needed strengthening in order to build a strong Korea. In essence, he argued that Eastern medicine was the best field of knowledge with which to strengthen the East, which needed to defend itself from the toxins of Western learning. Therefore, he

advocated the use of the strong herb, aconite as a powerful medication and antidote. In this way, together with a return to Confucian book learning, Korea would become a strong nation.

Maeng Hwa-seop, based in Kyŏnggi Province, after working as a farmer, apothecary laborer, and herb peddler, became a local government agricultural official in the 1930s. While in that position, the autodidact Maeng began to treat patients by writing prescriptions for them, thus fulfilling his role as a Maeng lineage member and Confucian physician. Although he did not belong to an Eastern-medicine institution, Maeng's case shows that there was an informal network of people across Korea who read medical texts and who experimented with prescriptions.

Eastern medicine physicians in Japan-ruled Korea, whether registered or not, shared a common set of beliefs and practices in terms of broader concepts, but differed within a spectrum of styles in the particularity of therapy. They also shared in common the idea that Eastern medicine encompassed a range of concepts that gave a form of identity to practitioners as giving continuing life to Eastern cultural resources. For example, they understood the East as yang and the West as yin. The yang East represented emerging strength. In this way, they interpreted medical theory to encompass geopolitical meaning. Thus, the Eastern-medicine physicians played a central role in shaping a form of identity in the East that was a counter to the West.

To understand how and why traditional medicine thrives in Korea today, this dissertation has demonstrated that a productive start is to study how the Eastern Medicine Renaissance in the period of Japanese colonial rule reversed the stereotyped narrative of colonial medicine. Privileging Korean voices rather than that of the state reveals the

strength of Korean native ideas. Most histories of medicine in East Asia focus on China or Japan. Situated geographically between these two countries, Koreans were familiar with both and were comfortable with the cultural resources that both neighbors worked with. However, more than simply being intermediaries, Korean healers in particular and Koreans in general led in offering a regional solution to the dilemma of modernity in the early twentieth century. Koreans showed the possibility of protecting Eastern cultural resources, as they understood them, and using them to temper the possible harshness of an unrelenting science that required new ways of thinking. Building strength amidst the challenge of the Japanese rhetoric of Korean weakness, Koreans adopted the forms of modernity such as professional associations, yet shaped much of the content of their own modernity. Thus, using medicine as a tangible practical field of knowledge to make their point, Koreans set an example for Japanese and Chinese to follow by defining the East and its knowledge systems on their own terms.

Glossary

Aoyagi Nanmei 青柳南冥 1877-1932, scholar of Korean studies, based in Korea. *Yangsaeng* practitioner.

Chang Ki-mu 張基茂 1886-unknown, Western medicine physician who in 1934 famously called for a *Hanbang* Renaissance. Chang graduated from the Korean Imperial Medical College in 1904. The next year he started working as a medical research officer in the same college. In 1908, the Korean government appointed him as a medical research officer.

Chi Sŏk-yŏng 池錫永 1855-1935, literatus scholar-official. Chaired the All Korea Practicing Physicians' Congress, 1915. In 1879, he participated in a diplomatic mission to Japan where he learnt of Edward Jenner's cowpox vaccination technique. He returned to Korea with the technique, and so thereafter was known as the person to first introduce modern Western medicine to his country. In 1907, he was appointed as superintendent of medical education in the Great Korea Hospital (*Taehan Ŭiwon* 大韓醫院).

Cho Hŏn-yŏng 趙憲泳 1900-1988, nationalist political activist turned Eastern medicine physician. Born in 1900 in South Kyŏngsang Province, in Korea's southeast. His university education was in Waseda University in Tokyo, Japan, where his major was English. After graduating in 1927, he became politically active as one of the founding members of the Japan branch of the Korean nationalist organization, the New Cadres Society (*Singanhoe* 新幹會). In 1934, he wrote *Treatise on Popular Han Medicine*.

Cho Byŏng-gŭn 趙炳瑾 1868-unknown, Chief Editor *East-West Medicine News* 1917. Chief Editor *Chosŏn Medicine World*, 1918-1919.

Hong Chong-ch'ol 洪鍾哲 1852-1919, Chief Editor *East-West Medicine News* 1913?-1917

Kim Yong-hun 金永勳 1882-1974, famous Kyŏngsŏng physician.

Maeng Hwa-seop 孟華燮 1915-2002, farmer, herbs peddler, and government official turned Eastern-medicine physician.

Minami Haizan 南拜山 active 1900-1939, Japanese physician of Eastern medicine and Director General of the Way of Eastern Medicine Association (Japan). Active in Korea in the 1930s. Famous martial arts teacher.

Miyaji Hisa 宮地久衡 1877-1939, he was a key Japanese ideologue for the Japanese policy of 'harmonization.' He was active in the Eastern Light Association (*Tokokai* 東光會).

Sŏk-kok 石谷 1855-1923, aka Yi Kyu-jun, scholar-physician based in Kyŏngsang Province. He argued for strengthening yang to strengthen Korea. Critical of Western knowledge. Argued for a return to Chinese Han Dynasty Confucian learning.

Sŏng Ju-bong 成周鳳 1868-unknown, head of the Ch'ungnam Province Eastern Medicine Group Cooperative.

Tang Erhe 湯爾和 1878-1940, a senior Chinese official responsible for healthcare policy. Tang was trained as a physician in Japan and Germany. As an elite physician, in 1912 he became the first president of the National Beijing Medical College. During the 1910s, he also had a succession of senior government posts. He became the Vice President of China, and the Chief of the Chinese Ministry of Education. He also had terms as the head of the Ministry of Internal Affairs and head of the Ministry of Finance. Due to the fact that in 1937 he became the Chairman of the Provisional Government of the Republic of China, established under Japanese rule, and remained an official working with the Japanese rulers in China until his death in 1940, Tang is remembered in China as a national traitor.

Terauchi Masatake 寺内正毅 1852-1919, Governor-General in Korea 1910-1916. He introduced the new Physician Regulations of 1913. He was also Prime Minister of Japan 1916-1918.

Ugaki Kazushige 宇垣 一成 1868-1956, Governor-General in Korea, 1927 and 1931-1936.

Yi Je-ma 李濟馬 1838-1900, he wrote the medical book *Eastern Medicine for Prolonging the World and Preserving People* (*Tongŭi Susebowŏn* 東醫壽世保元 1894).

Yi Kwang-su 李光洙 1892-1950, nationalist intellectual is well known for drafting the demand for Korean independence in 1919. As a famous public figure in the 1920s, he wrote articles against the negative influence of Confucianism. In the 1930s, he turned to writing on Buddhism. He is also famous for his several novels, most notably *Heartless* in 1917, the first Korean novel to explore emotional interiority. He is remembered today as a Japanese collaborator due to his pro-Japanese writings in the 1940s.

Yi Wan-yong 李完用 1858-1926, Director-General of the Government-General, 1915. A public supporter of Eastern medicine.

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Appendix 1 Summary of the physician regulations

Professor physician regulations for Ŭisa

The *ŭisa* regulations comprise twenty-two points. Here they are in summary, as published in the *Chosŏn Government-General Gazette* in 1914.[1]

Ŭisa Regulations by Decree November 15, 1914.

One

i. To qualify as a *ŭisa*, the applicant must adhere to the required rules and regulations, must pass an examination, and meet the required standard.

ii. Applicants need to graduate from the Kyŏngsŏng Special Medical School or other Chosŏn Government-General designated medical schools.

iii. Applicants need to pass the examinations set by the Chosŏn Government-General.

iv. Those who have graduated from foreign medical schools or who have qualified in a foreign country, need to become a resident in the Empire with appropriate medical working experience.

v. The Chosŏn Government-General designates some medical schools in foreign countries as meeting the qualifications, but the applicant should also have some appropriate medical working experience.

vi. All certification must be in order, and all the requirements must be followed. To open a clinic, permission must be applied for at the Department of Internal Affairs. This office will assess the applications for qualification and for opening a clinic.

Two

i. Inform the office of all penalties received for various offences in the past six years.
ii. If received a penalty, you can only apply after the period of sentencing has lapsed.

[1] *Chosŏn Government-General Gazette* (*Chōsen Sōtoku-fu Kanpō* 朝鮮總督府官報) 12 (1914): 148-151.

iii. Applicants need to be at least aged twenty, not be pregnant, deaf, dumb, or blind.

Three

Applicants will be prohibited from practicing if they do not follow the regulations. Also, if an applicant is deemed to have an unusual condition of body or mind, they will not be able to qualify.

Four

All requisite documentation must be presented on application, such as residency permits and academic records. If the applicant has studied in a foreign country, the required academic records must be presented to the Government-General.

Five

If you change your name or lose your documents, you need to notify the Kyŏngsŏng office within fifteen days.

Six

The application fee is ten yen.[2] For a replacement certificate if lost, the charge is one yen.

Seven

The local authorities must inspect clinics within five days by the local authorities in the form of the Police Affairs Department.

Eight

In clinics where patients are treated, comprehensive records must be kept, including case notes of diagnosis and medications. All deaths, including infant stillbirths must be recorded.

Nine

All clinic records and information must be filed and kept properly in good order.

Ten

You must adhere to honesty in advertising, with the correct use of titles in your name.

Eleven

If a patient dies, you must notify the police within twenty-four hours.

Twelve

[2] 1914, ten yen=US$5. It was approximately equivalent to 300,000 Korean Won or US$300 in 2017 currency value.

When prescribing medicines, the prescription must include the patient's name and date of birth. The names and quantities of the medicines must be properly recorded. Your name, seal, thumbprint, and date must also be included on the prescription.

Thirteen

As well as recording the medicines accurately, you must explain the medicine you are prescribing to the patient. You must also explain the preparation method. The note that explains the medicines must include your clinic name or your own name.

Fourteen

Patient records must be properly kept for ten years. If you are unclear about a patient case, make accurate notes recording that uncertainty.

Fifteen

The Government-General reserves the right to suspend or cancel your qualifications if you violate regulations.

Sixteen

If your certification is suspended, you may reapply when the stipulated suspension period has lapsed. You must go through a thorough reapplication assessment.

Seventeen

The Internal Affairs Department reserves the right to cancel all rights to reapply for those whose certification has been suspended.

Eighteen

If a *ŭisa* ceases practice, the Government-General must be notified. If a *ŭisa* dies, the relatives must inform the Government-General.

Nineteen

If the *ŭisa* ceases practice, the relevant documentation must be provided to the Government-General.

Twenty

All of the regulations come under the jurisdiction of the Government-General and the Police Affairs Department.

Twenty-one

If any of the regulations are not adhered to, *ŭisa* are liable to up to 200 yen fine, or cancellation or suspension of certification.

Twenty-two

The final clause reiterates the necessity of good record keeping concerning the *ŭisa* and the patients.

Practicing physician regulations for Ŭisaeng

One

To operate as *ŭisaeng* or open a clinic you need some qualifications.

Two

After receiving your educational qualifications, bring your identification documents to the government office within three months.

Three

In the absence of educational qualifications, if you are aged twenty or above and have two years of clinical experience.

To apply, bring your identification documents to the Police Affairs Department.

If you make a name change, inform the police within fifteen days.

If your certification is lost, reapply at the Police Affairs Department within fifteen days with your identification documents, and a statement for the reasons for the loss.

Four

Application fee is three yen. Reapplication fee is fifty sen (half a yen).

Five

If you violate regulations, or mislead the public, or you have an unusual condition of body or mind, certification may be cancelled. For those who admit their offence, they may reapply after the suspension period lapses.

Six

If you violate any of the regulations, you will receive a penalty notice within three days. Possible penalties include closure of the clinic, cancellation of certification, or suspension of certification.

Seven

Ŭisa regulation clauses 7 to 14 also apply to *ŭisaeng*, under the auspices of the authority of the Police Affairs Department of the Governor-General.

(These clauses refer to clinic inspection and proper record keeping).

Eight

If you violate regulations, a penalty of up to 200 yen may be applied.

There is a grace period of five years in which to apply for registration.

Ŭisaeng must reapply every five years.

Appendix 2 Total of Newly Registered Professor-Physicians, 1916-1919

	Korean	Japanese	Western
1916	11	9	5
1917	27	10	2
1918	18	2	-
1919	4	1	-
	60	22	7

Curriculum Vitae
James Flowers

Born March 28, 1960
Birthplace: Singapore.

Educational History:

PhD 2019 Program in History of Medicine, Johns Hopkins School of Medicine. Mentor: Marta Hanson
M.A. 2010 Program in International Studies, University of Technology Sydney
1995 Diploma of Traditional Chinese Medicine, Sydney College of Traditional Chinese Medicine

Other Professional Experience

2017-2019 *Teaching-as-Research Fellow*, Johns Hopkins University
2017-2019 Fellow, Center for Medical Humanities and Social Medicine, Johns Hopkins University
2011-2012 Researcher, Institute of Mind Humanities, Wonkwang University, Iksan, South Korea
2005-2009 *Lecturer*, University of Western Sydney

Scholarships:

2014-2017 Global Research Network, Korean National Research Foundation, research funding as member of a group project titled, "Korean Medicine from the Chosŏn dynasty to contemporary Korea: an Anthropological and Historical Investigation"

Publications, peer reviewed

Flowers, James. "A New Community of Eastern-medicine Physicians: Koreans Organize for Chosŏn Medicine in 1910's Japan-ruled Korea." Chapter under review for a volume edited by Iwo Amelung, Frankfurt: Goethe University (2019).

Flowers, James. "*Hanbang* Healing for the World: The Eastern Medicine Renaissance in 1930's Japan-ruled Korea." *Social History of Medicine,* special issue on East Asian medicine. Edited by Dora Vargha. Forthcoming (2019).

Flowers, James. "Reconfiguring East Asian Modernity: How the Unorthodox Healer Stone Gorge Yi Connected Supporting the Heart with Strengthening Korea as a Civilisation." *Asian Medicine*: *Tradition and Modernity*, 11.1-2 (2016): 61-99.

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Flowers, James. Book review, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century,* Soyoung Suh, *Sungkyun Journal of East Asian Studies* (April 2018): 129- 132.

Flowers, James. "Precious Mirror of Eastern Medicine (Tongŭi Pogam): Wrapping the Chosŏn Kingdom in Benevolence" 동의보감, 조선시대를 인 (□) 으로 감싸다 (Tongŭi Pogam, Chosŏn Sidae ul In uro kamssada). Kim Namil, ed., *Precious Mirror of Eastern Medicine* 동의보감의 지식 체계와 동아시아 의과학 (2016) 335-341.

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Flowers, James. "What is Qi?" *Evidence-Based Complementary and Alternative Medicine* 3.4 (2006): 551-552.

Service and leadership:

2018 -2019 *Allen Grossman Teaching Fellow in Expository Writing*, "Medicine; East and West," Johns Hopkins University.

2017-2018 *Instructor*, Expository Writing Instructorship, "Medicine: East and West" Johns Hopkins University.

2017 *Lecturer*, Dean's Teaching Fellowship, "Chinese Medicine: Tradition and Modernity," Johns Hopkins University.

2017-2018 Director, Institute for Excellence in Education, Johns Hopkins University School of Medicine.

2016-2017 Representative, Johns Hopkins Singapore Graduate Association, Graduate Student Association, Johns Hopkins University School of Medicine.

2013-2014; 2016-2019 Representative for Institute of the History of Medicine, Graduate Student Association, Johns Hopkins University School of Medicine.

2009-2018 Secretary-General, International Association for the Study of Traditional Asian Medicines.